



**The Meeting Transcript of  
The Los Angeles County  
Board of Supervisors**



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1                   **[REPORT OF ACTION TAKEN IN CLOSED SESSION**  
2                   **ON NOVEMBER 6, 2006, BEGINS ON PAGE 133.]**

3  
4  
5  
6   **SUP. ANTONOVICH, MAYOR:** THIS IS THE SPECIAL MEETING, NOVEMBER  
7   6, 2006, OF THE LOS ANGELES COUNTY BOARD OF SUPERVISORS, THE  
8   BEILENSON HEARINGS, WHICH WILL BEGIN. BUT, BEFORE WE BEGIN THE  
9   HEARINGS, I'D LIKE TO BRING UP THE GOVERNOR, YANG JING, THE  
10  GOVERNOR OF INNER MONGOLIA, THE PEOPLE'S REPUBLIC OF CHINA,  
11  ALONG WITH THEIR MINISTER OF FOREIGN AFFAIRS, WU LA LAMBETER,  
12  THEIR DIRECTOR OF GENERAL FOREIGN AFFAIRS, JIANG WAY; THEIR  
13  DIRECTOR GENERAL GAO SHELING; THEIR DIRECTOR BIEN JEN AND  
14  THEIR VICE CONSUL JUST RETURNED FROM AFRICA WHO'S NOW THE  
15  DIRECTOR TTYEN JANBIAU, A GOOD FRIEND, AND BAU BUHIA. IF THEY  
16  WOULD COME UP, GOVERNOR, AT THIS TIME AND WELCOME. WE MET  
17  EARLIER THIS MORNING. WE MADE PRESENTATIONS OR PROCLAMATIONS  
18  ON BEHALF OF THE COUNTY TO THE GOVERNOR AND HIS DELEGATION.  
19  SO, GOVERNOR YANG JING. [ APPLAUSE ]

20  
21  **YANG JING:** (FOREIGN LANGUAGE).

22  
23  **(VOICE OF INTERPRETER):** DEAR HONORABLE SUPERVISOR MICHAEL  
24  ANTONOVICH, LADIES AND GENTLEMEN, FRIENDS.



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1 **YANG JING:** (FOREIGN LANGUAGE)

2

3 **(VOICE OF INTERPRETER):** TODAY AT THE INVITATION OF THE  
4 GOVERNMENTS OF THE COUNTY OF LOS ANGELES AND THE HONORABLE  
5 SUPERVISOR ANTONOVICH, I'M VERY MUCH HONORED TO PAY A FRIENDLY  
6 VISIT TO THE COUNTY OF LOS ANGELES.

7

8 **YANG JING:** (FOREIGN LANGUAGE).

9

10 **(VOICE OF INTERPRETER):** FIRST OF ALL, ON BEHALF OF THE  
11 PEOPLE'S GOVERNMENTS OF INNER MONGOLIA REGION, AND IN MY OWN  
12 NAME, I WISH TO EXTEND MY CORDIAL THANKS TO THE GOVERNMENTS OF  
13 THE COUNTY OF LOS ANGELES AND THE SUPERVISOR ANTONOVICH FOR  
14 YOUR KINDEST INVITATION AND WARM RECEPTION.

15

16 **YANG JING:** (FOREIGN LANGUAGE).

17

18 **(VOICE OF INTERPRETER):** INNER MONGOLIA, LOCATED IN NORTHERN  
19 PART OF CHINA, BORDERING RUSSIAN FEDERATION AND THE MONGOLIAN  
20 REPUBLIC IS THE FIRST MINORITY ETHIC REGION ESTABLISHED IN  
21 CHINA.

22

23 **YANG JING:** (FOREIGN LANGUAGE).

24





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1   **(VOICE OF INTERPRETER) :** INNER MONGOLIA BOASTS BOUNTIFUL GROUND  
2   AND UNDERGROUND RESOURCES. INNER MONGOLIA ALSO BOASTS UNIQUE  
3   TOURISM RESOURCES, WITH NOT ONLY THE COLORFUL NATURAL  
4   \_\_\_\_\_ SUCH AS GRASSLANDS, DESERT, FOREST, LAKES AND  
5   HOT SPRINGS BUT ALSO THERE'S PLENTY OF GRASSLAND CULTURE  
6   CREATED BY GRASSLANDS ETHNICS GROWN OUT FROM HISTORY.

7

8   **YANG JING:** (FOREIGN LANGUAGE) .

9

10   **(VOICE OF INTERPRETER) :** IN EARLIER YEARS, UNDER THE LEADERSHIP  
11   AND THE SUPPORT OF THE CENTRAL GOVERNMENT, INNER MONGOLIA HAS  
12   ENJOYED RAPID AND THE CONTINUOUS ECONOMIC GROWTH AND SOCIAL  
13   DEVELOPMENT. THE PEOPLE'S LIVELIHOOD HAS BEEN SIGNIFICANTLY  
14   IMPROVED. NOW, INNER MONGOLIA HAS BEEN ENTERING INTO A NEW  
15   STAGE OF DEVELOPMENTS. THE PEOPLE OF THE REGION OF ALL ETHICS  
16   IS WORKING HARD TO CREATE AN EVEN BETTER TOMORROW.

17

18   **YANG JING:** (FOREIGN LANGUAGE) .

19

20   **(VOICE OF INTERPRETER) :** AND THE STATE OF CALIFORNIA,  
21   ESPECIALLY THE COUNTY OF LOS ANGELES, HAS ENJOYED HIGH  
22   DEVELOPMENT ECONOMY, AN ADVANCED AND A STRONG TECHNOLOGY AND  
23   INDUSTRY AND LEADS THE DEVELOPMENT TRENDS OF THE UNITED  
24   STATES' ECONOMY, TECHNOLOGY, AND CULTURE.

25



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1   **YANG JING:** (FOREIGN LANGUAGE) .

2

3   **(VOICE OF INTERPRETER):** SINCE THE '90S, LAST CENTURY, WITH THE  
4   COMMON EFFORTS OF OUR BOTH SIDES, THE EXCHANGE AND THE  
5   COOPERATION IN OIL FIELDS BETWEEN OUR TWO SIDES HAS BEEN  
6   DEVELOPING VERY CONTINUOUSLY. HONORABLE SUPERVISOR ANTONOVICH  
7   HAS VISITED INNER MONGOLIA FOR SIX TIMES AND HAS BECOME AN  
8   HONORABLE CITIZEN OF INNER MONGOLIA. THE CALIFORNIA STATE  
9   SENATE DELEGATION ALSO PAID MANY VISITS TO INNER MONGOLIA.

10

11   **YANG JING:** (FOREIGN LANGUAGE) .

12

13   **(VOICE OF INTERPRETER):** THE PURPOSE OF MY VISIT IS THROUGH THE  
14   MEETINGS WITH THE LOS ANGELES GOVERNMENT AND THE CONTACTS WITH  
15   THE PEOPLE OF LOS ANGELES OF ALL CIRCLES TO FURTHER PROMOTE  
16   THE EXISTING FRIENDLY COOPERATION AND DEEPEN THE FRIENDSHIP  
17   BETWEEN OUR TWO PARTIES WITH THE POSITIVE AND THE PRAGMATIC  
18   SPIRIT TO BROADEN THE FIELD AND PROMOTE LEVEL OF COOPERATION,  
19   BRING MUTUAL COOPERATION TO A NEW ERA.

20

21   **YANG JING:** (FOREIGN LANGUAGE) .

22

23   **(VOICE OF INTERPRETER):** NEXT YEAR WILL BE THE SIXTH YEAR OF  
24   OUR 60 ANNIVERSARY OF THE FOUNDING OF INNER MONGOLIA TOWN'S  
25   REGION. INNER MONGOLIA GOVERNMENTS WILL LAUNCH A SERIES OF



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1 EVENTS TO CELEBRATE THE LOCATION. HERE, ON BEHALF OF THE INNER  
2 MONGOLIA GOVERNMENT, I WOULD LIKE TO FORMALLY INVITE HONORABLE  
3 ANTONOVICH AND THE OTHER SUPERVISORS AND THE DELEGATION OF THE  
4 COUNTY OF LOS ANGELES TO VISIT INNER MONGOLIA AND PARTICIPATE  
5 IN THE CELEBRATION.

6

7 **YANG JING:** (FOREIGN LANGUAGE).

8

9 **(VOICE OF INTERPRETER):** WE WOULD ALSO WELCOME PEOPLE OF LOS  
10 ANGELES OF ALL CIRCLES TO VISIT INNER MONGOLIA AND ENJOY ITS  
11 ATTRACTIONS. THANK YOU VERY MUCH. [ APPLAUSE ]

12

13 **SUP. ANTONOVICH, MAYOR:** THANK YOU, GOVERNOR. WE ARE VERY  
14 PLEASED WITH THE FINE COOPERATION THAT WE'VE HAD, THE  
15 WONDERFUL INTERNATIONAL EXHIBITION THAT WE SPONSORED WITH YOUR  
16 GOVERNMENT AND LOS ANGELES COUNTY MADE HISTORICAL RECORDS IN  
17 THE ANTIQUITIES OF GENGHIS KHAN, WHICH TRAVELED ALL OVER THE  
18 UNITED STATES AND THE PACIFIC RIM, ALONG WITH THE EXHIBITION  
19 THAT WE HAD AT OUR MUSEUM OF NATURAL HISTORY WITH THE DINOSAUR  
20 BONES THAT WERE DISCOVERED IN HU HAT, ALONG WITH OUR  
21 COOPERATION THAT WE HAVE WITH OLIVE VIEW MEDICAL CENTER WITH  
22 THE EXCHANGE OF MEDICAL PERSONNEL FROM OLIVE VIEW HOSPITAL TO  
23 NAMONG AND WITH NAMONG MEDICAL PERSONNEL COMING TO OLIVE VIEW  
24 HOSPITAL TO SHARE IN ADDITIONAL MEDICAL RESEARCH AND SERVICE.





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1 SO WE WELCOME YOU TO LOS ANGELES COUNTY AND LOOK FORWARD TO  
2 STRONGER RELATIONSHIPS IN THE FUTURE. [ APPLAUSE ]

3

4 **CLERK SACHI HAMAI:** WE'LL BEGIN THE MEETING. I DON'T KNOW IF  
5 YOU'D LIKE TO CALL UP THE DIRECTOR FIRST TO MAKE A  
6 PRESENTATION.

7

8 **SUP. ANTONOVICH, MAYOR:** OKAY. DR. CHERNOFF.

9

10 **SUP. ANTONOVICH, MAYOR:** GOOD MORNING, DR. CHERNOFF.

11

12 **DR. BRUCE CHERNOFF:** GOOD MORNING, MAYOR, SUPERVISORS.

13

14 **SUP. ANTONOVICH, MAYOR:** YOU'RE ON.

15

16 **DR. BRUCE CHERNOFF:** IF IT'S OKAY WITH YOU, I'D LIKE TO BEGIN  
17 BY MAKING AN OPENING STATEMENT FOR TODAY'S HEARINGS. I WILL BE  
18 MAKING A BRIEF STATEMENT ON THE PROPOSED CHANGES AT MARTIN  
19 LUTHER KING/DREW MEDICAL CENTER, KDMC, THE EFFORTS OF THE  
20 DEPARTMENT OF HEALTH SERVICES TO MITIGATE THE IMPACT OF THESE  
21 CHANGES ON PATIENTS IN THE COMMUNITY AND THE DEPARTMENT'S  
22 PLANS FOR THE PROVISION OF SERVICES CURRENTLY PROVIDED AT  
23 KING/DREW MEDICAL CENTER. LET ME BEGIN BY OUTLINING WHAT ARE  
24 THE PROPOSED CHANGES. THE CURRENT MARTIN LUTHER KING, JR. DREW  
25 MEDICAL CENTER WILL HAVE THE FOLLOWING SERVICES CHANGED. THE



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1 CURRENT INPATIENT CAPACITY OF THE HOSPITAL, SERVING AN AVERAGE  
2 OF 153 PATIENTS, WILL BE DECREASED, IN SEVERAL STEPS, TO A NEW  
3 CAPACITY TO SERVE AN AVERAGE OF 100 INPATIENTS BY MARCH 31ST,  
4 2007. THE DEPARTMENT PROPOSES TO OFFSET BY OPENING BEDS AT ITS  
5 OTHER FACILITIES OR PURCHASING SERVICES FROM PRIVATE HOSPITALS  
6 TO MITIGATE THIS BED CHANGE. PATIENTS WHO ARE SERVED BY THE  
7 CURRENT KING/DREW MEDICAL CENTER INPATIENT PEDIATRIC UNIT,  
8 NEONATAL INTENSIVE CARE UNIT, PEDIATRIC INTENSIVE CARE UNIT  
9 AND HIGH RISK OBSTETRICAL SERVICE WILL RECEIVE THOSE SERVICES  
10 AT HARBOR-U.C.L.A. MEDICAL CENTER BEGINNING NOVEMBER 30TH,  
11 2006. PATIENTS SERVED BY THE CURRENT KING/DREW MEDICAL CENTER  
12 ADULT INPATIENT PSYCHIATRIC UNIT WILL HAVE THOSE SERVICES  
13 PROVIDED BY L.A.C./U.S.C. MEDICAL CENTER AT ITS INGLESIDE  
14 CAMPUS AND AT THE AUGUSTUS HAWKINS INPATIENT FACILITY ON THE  
15 CURRENT KING/DREW MEDICAL CENTER GROUNDS. THE PSYCHIATRIC  
16 EMERGENCY ROOM WILL BE CLOSED AND THE SERVICES TRANSFERRED TO  
17 THE COUNTY DEPARTMENT OF MENTAL HEALTH URGENT CARE CLINIC  
18 CURRENTLY ON THE GROUNDS OF KING/DREW MEDICAL CENTER IN THE  
19 AUGUSTUS HAWKINS BUILDING. ADDITIONAL INPATIENT BEDS TO MEET  
20 THE MEDICAL, SURGICAL AND INTENSIVE CARE NEEDS OF ADULT  
21 PATIENTS WILL BE MADE AVAILABLE AT RANCHO LOS AMIGOS, A NEARBY  
22 COUNTY HOSPITAL, AND AT OLIVE VIEW-U.C.L.A. MEDICAL CENTER IN  
23 SYLMAR. IT IS THE DEPARTMENT'S PLAN TO HAVE AN EQUAL NUMBER OF  
24 INPATIENTS BEDS ON THE COMPLETION OF THE CHANGES AT K.D.M.C.  
25 TO MEET THE 12-MONTH AVERAGE PATIENT VOLUME OF 153. NO CHANGES



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1 ARE PLANNED FOR OUTPATIENT SERVICES AT THE CURRENT K.D.M.C.  
2 LOCATION. IN FACT, WE ANTICIPATE AN INCREASE IN OUTPATIENT  
3 SERVICE VOLUME, AS REFLECTED IN THE METROCARE PLAN. CURRENT  
4 VOLUME IS APPROXIMATELY 167,000 OUTPATIENT VISITS ANNUALLY.  
5 THE METROCARE PLAN PROJECTS 190,000 ANNUAL VISITS. OUTPATIENT  
6 CLINICAL SERVICES WILL BE DESIGNED TO MEET THE MOST IMPORTANT  
7 DIAGNOSTIC, PREVENTIVE AND THERAPEUTIC CLINICAL NEEDS OF THE  
8 PATIENT POPULATION. NO CHANGES ARE PLANNED FOR EMERGENCY  
9 DEPARTMENT SERVICES AT THE CURRENT KING/DREW MEDICAL CENTER  
10 LOCATION, ALTHOUGH THE LOSS OF DREW MEDICAL SCHOOL RESIDENTS  
11 TO STAFF THE EMERGENCY DEPARTMENT WILL REQUIRE THE USE OF  
12 CONTRACT PHYSICIAN STAFF TO TAKE OVER THIS SERVICE FUNCTION.  
13 THE CURRENT LOW RISK OBSTETRICAL SERVICES AT K.D.M.C. MAY BE  
14 CLOSED. ITS CURRENT TWO BIRTHS PER DAY MAY BE TRANSFERRED TO  
15 HARBOR-U.C.L.A. MEDICAL CENTER. IN THE EVENT, THE DEPARTMENT  
16 OF HEALTH SERVICES PLANS FOR REPLACEMENT INPATIENT BEDS CANNOT  
17 BE OPENED WITHIN THE DHS SYSTEM ON A TIMELY BASIS TO MEET THE  
18 153 AVERAGE INPATIENT VOLUME, THE DEPARTMENT IS MAKING  
19 ARRANGEMENTS WITH NEARBY PRIVATE HOSPITALS AND PHYSICIANS TO  
20 PROVIDE THOSE SERVICES ON A TEMPORARY BASIS. WHY ARE THESE  
21 CHANGES NECESSARY? K.D.M.C., ON SEPTEMBER 22ND, 2006, WAS  
22 INFORMED BY THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID  
23 SERVICES, OTHERWISE KNOWN AS C.M.S., THAT THE HOSPITAL HAD  
24 FAILED TO MEET THE MANDATED CONDITIONS OF PARTICIPATION  
25 RESULTING IN A TERMINATION NOTICE FOR THE HOSPITAL'S PROVIDER



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1 AGREEMENT WHICH WOULD RESULT IN ELIMINATION OF ALL FEDERAL AND  
2 STATE MEDI-CAL AND MEDICARE FUNDING. WITHOUT THIS FUNDING, THE  
3 COUNTY ALONE CANNOT SUPPORT THE HOSPITAL. THE DEPARTMENT OF  
4 HEALTH SERVICES, THE STATE OF CALIFORNIA AND THE FEDERAL  
5 GOVERNMENT HAVE BEEN WORKING CLOSELY TOGETHER SINCE SEPTEMBER  
6 22ND TO PRESERVE HOSPITAL SERVICES IN THE SOUTH LOS ANGELES  
7 AREA. C.M.S. HAS MADE IT CLEAR IT WILL ONLY SUPPORT THE  
8 CONTINUED OPERATION OF THE HOSPITAL IF DRAMATIC CHANGES ARE  
9 MADE. IT MUST BE SMALLER, SIMPLER TO OPERATE AND LESS COMPLEX.  
10 IT IS THEIR EXPERIENCE THAT THESE CHANGES CREATE THE HIGHEST  
11 POTENTIAL FOR THIS HOSPITAL TO MEET NATIONAL STANDARDS AND  
12 PROVIDE A SAFE ENVIRONMENT FOR PATIENTS. C.M.S. ALSO MADE IT  
13 CLEAR THAT IT WOULD ONLY APPROVE A PLAN THAT BROUGHT THE  
14 PROVEN CLINICAL EXPERTISE OF HARBOR-U.C.L.A. MEDICAL CENTER TO  
15 ASSIST THE HOSPITAL IN MEETING THESE NATIONAL STANDARDS. AS A  
16 RESULT, THE DEPARTMENT OF HEALTH SERVICES CREATED METROCARE, A  
17 NEW ORGANIZATION WITHIN THE DEPARTMENT THAT PRESERVES  
18 INPATIENT SERVICES AT THE CURRENT LOCATION IN A SMALLER, 114-  
19 BED HOSPITAL. IT IS ANTICIPATED THAT, IN ADDITION TO DRAWING  
20 ON THE SERVICES OF ITS COUNTY DOCTORS, THE DEPARTMENT WILL  
21 DRAW UPON THE SERVICES OF CONTRACT PHYSICIAN GROUPS WITH  
22 PROVEN NATIONAL REPUTATIONS FOR PROVIDING HIGH QUALITY CARE IN  
23 A DIVERSE, CULTURALLY COMPETENT MANNER. HOWEVER, I WOULD  
24 EMPHASIZE THAT MANY OF THE EXISTING PHYSICIANS WHO SERVE  
25 PATIENTS AT K.D.M.C. ARE EXPECTED TO CONTINUE TO WORK AT THE



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1 HOSPITAL IN THE NEW HARBOR MLK COMMUNITY HOSPITAL  
2 CONFIGURATION. THE ALTERNATIVE TO THIS PLAN, UNACCEPTABLE TO  
3 THE DEPARTMENT OF HEALTH SERVICES AND THE COUNTY, IS THE  
4 COMPLETE CLOSURE OF INPATIENT AND EMERGENCY DEPARTMENT  
5 SERVICES. THE NAME CHANGE PROPOSED, HARBOR MARTIN LUTHER KING,  
6 JR. COMMUNITY HOSPITAL, IS A COMPONENT OF OUR DEMONSTRATION TO  
7 THE FEDERAL GOVERNMENT THAT THE HOSPITAL WILL BE CONNECTED TO  
8 A HOSPITAL THAT MEETS NATIONAL STANDARDS AND THAT THE  
9 COMMUNITY HOSPITAL IS SIMPLER, LESS COMPLEX AND DOES NOT  
10 PROVIDE MEDICAL EDUCATION AS PART OF ITS ONGOING ACTIVITIES.  
11 THE COUNTY, THE DEPARTMENT AND ALL OF OUR STAFF VALUE AND  
12 HONOR THE IMPORTANT AND CONTINUING LINKAGE TO THE LEGACY OF  
13 DR. KING. WHAT ARE THE IMPACT OF THESE PROPOSED CHANGES? THE  
14 CHANGES REQUIRED WILL IMPACT EVERY EMPLOYEE AND EVERY  
15 PHYSICIAN WHO CURRENTLY WORKS AT K.D.M.C. EVERY INDIVIDUAL  
16 WILL BE INTERVIEWED TO DETERMINE HIS OR HER INTEREST AND  
17 SUITABILITY FOR THE NEW SERVICES AT HARBOR MLK COMMUNITY  
18 HOSPITAL. EACH PERSON WHO WILL NOT BE PART OF HARBOR M.L.K.  
19 WITH A COMPETENT OR BETTER PERFORMANCE EVALUATION WILL BE  
20 OFFERED EMPLOYMENT ELSEWHERE IN THE COUNTY SYSTEM. WE DO NOT  
21 ANTICIPATE HAVING TO LAY OFF ANY PERMANENT COUNTY STAFF WHO  
22 MEET THESE QUALIFICATIONS. SOME OF THE SERVICES NOW AT THE  
23 K.D.M.C. LOCATION WILL BE PROVIDED AT HARBOR-U.C.L.A. BECAUSE  
24 OF THE DIFFICULTIES FOR SOME PATIENTS IN GETTING FROM SOUTH  
25 LOS ANGELES TO THE HARBOR CAMPUS IN CARSON, THE DEPARTMENT



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1 WILL CREATE TRANSPORTATION ALTERNATIVES FOR PATIENTS TO GET  
2 BACK AND FORTH. THIS TRANSPORTATION WILL BE FREE OF CHARGE.  
3 LET ME SPEND A MOMENT ABOUT POTENTIALLY UNFORESEEABLE EVENTS.  
4 AS A RESULT OF THE CHANGES OCCURRING AT THE DREW SCHOOL, IT IS  
5 POSSIBLE THAT THE CHANGES THEY ARE COMPELLED TO MAKE MAY CAUSE  
6 PHYSICIAN STAFFING SHORTAGES AT K.D.M.C. IN THE EVENT THAT THE  
7 DEPARTMENT IS UNABLE TO HAVE SUFFICIENT REPLACEMENT OR  
8 CONTRACT PHYSICIANS TO PROVIDE SAFE, APPROPRIATE SERVICES, A  
9 SERVICE MAY BE CURTAILED UNTIL SUCH TIME AS THE MEDICAL  
10 DIRECTOR AND C.E.O. DETERMINE THAT THE SERVICE IS SAFE TO  
11 CONTINUE. IT IS ALSO POSSIBLE THAT STAFF NEEDED TO PROVIDE KEY  
12 CLINICAL SERVICES MAY CHOOSE TO TAKE POSITIONS OUTSIDE OF THE  
13 NEW HARBOR M.L.K. COMMUNITY HOSPITAL. IF THAT OCCURS AND THE  
14 DEPARTMENT IS UNABLE TO PROVIDE SUFFICIENT REPLACEMENT OR  
15 CONTRACT STAFF, A SERVICE MAY ALSO BE CURTAILED UNTIL SUCH  
16 TIME AS THE MEDICAL DIRECTOR AND THE C.E.O. DETERMINE THAT THE  
17 SERVICE IS SAFE TO CONTINUE. AS TO BOTH OF THESE POINTS, I  
18 WOULD STRESS THE DEPARTMENT DOES NOT HAVE ANY PLAN AT THIS  
19 TIME TO CURTAIL OR REDUCE SERVICES OTHER THAN THOSE  
20 SPECIFICALLY SET OUT IN THE METROCARE PLAN. I'M SIMPLY  
21 SPEAKING OF THE DEPARTMENT'S OBLIGATION TO PROTECT THE QUALITY  
22 OF PATIENT CARE ABOVE ALL ELSE, SHOULD WE FACE UNANTICIPATED  
23 STAFFING SHORTAGES THAT WE CANNOT QUICKLY REMEDIATE OR THAT  
24 WOULD IMMEDIATELY IMPACT OUR ABILITY TO SAFELY AND ADEQUATELY  
25 CARE FOR OUR PATIENTS. A COUPLE OF CONCLUDING COMMENTS. THE





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1 CHANGES PROPOSED ARE DRAMATIC AND FAR REACHING. THEY ARE  
2 NECESSARY TO MEET THE FEDERAL REQUIREMENT FOR SIGNIFICANT  
3 CHANGES THAT SIMPLIFY THE HOSPITAL SERVICES SO THAT THEY HAVE  
4 THE BEST CHANCE TO MEET PATIENT SAFETY NEEDS AND COMPLY WITH  
5 NATIONAL STANDARDS. THE COUNTY HAS WORKED VERY CLOSELY WITH  
6 THE STATE AND FEDERAL GOVERNMENT, ELECTED OFFICIALS AND  
7 REPRESENTATIVES OF THE PUBLIC AND PRIVATE PROVIDERS OF HEALTH  
8 SERVICES TO CREATE A METROCARE PLAN THAT PRESERVES HOSPITAL  
9 SERVICES, MEETS NATIONAL STANDARDS AND, MOST IMPORTANTLY,  
10 SERVES THE DIVERSE COMMUNITY OF SOUTH LOS ANGELES AND THEIR  
11 MOST PRESSING MEDICAL NEEDS. METROCARE PRESERVES THE HOSPITAL,  
12 PRESERVES EMERGENCY CARE AND PRESERVES AND EXPANDS OUTPATIENT  
13 SERVICES, WHILE PROVIDING A PLATFORM FOR THE REBUILDING OF  
14 THIS VITAL COMMUNITY ASSET. THANK YOU FOR YOUR TIME,  
15 SUPERVISORS, THANK YOU FOR YOUR SUPPORT.

16  
17 **SUP. ANTONOVICH, MAYOR:** THANK YOU, DR. CHERNOFF, AND, AGAIN,  
18 THANK YOU FOR YOUR VIGOROUS LEADERSHIP AND ABILITY TO RESOLVE  
19 THIS ISSUE. WE APPRECIATE IT VERY MUCH.

20  
21 **SUP. YAROSLAVSKY:** MR. CHAIRMAN?

22  
23 **SUP. ANTONOVICH, MAYOR:** SUPERVISOR YAROSLAVSKY.  
24



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1   **SUP. YAROSLAVSKY:** JUST A PROCEDURAL QUESTION. MAYBE COUNTY  
2   COUNSEL CAN WALK US THROUGH. AFTER TODAY'S PUBLIC HEARING,  
3   WILL WE THEN HAVE A-- WILL DR. CHERNOFF HAVE AN OPPORTUNITY TO  
4   RESPOND TO THE TESTIMONY, BOTH WRITTEN AND ORAL?

5

6   **LEELA KAPUR, COUNSEL:** YES, SUPERVISOR YAROSLAVSKY, AFTER THE  
7   PUBLIC COMMENT, DR. CHERNOFF CAN RESPOND AND I BELIEVE, AT  
8   THAT TIME, HE WOULD HAVE A RECOMMENDATION FOR YOUR BOARD.

9

10   **SUP. YAROSLAVSKY:** DOES THAT MEAN TODAY?

11

12   **LEELA KAPUR, COUNSEL:** YES, IF THAT WAS HOW YOU CHOSE TO  
13   PROCEED.

14

15   **DR. BRUCE CHERNOFF:** SUPERVISOR, I WOULD RECOMMEND THAT YOUR  
16   BOARD APPROVE IMPLEMENTATION OF THE METROCARE PLAN, AS HAS  
17   BEEN DISCUSSED HERE TODAY, AFTER WE'VE HAD THE PUBLIC INPUT  
18   AND WAS DETAILED IN THE DEPARTMENT'S OCTOBER 17TH, 2006 MEMO  
19   TO YOUR BOARD, INCLUDING THE REDUCTIONS OF SERVICES AT THE  
20   M.L.K. SITE AND THE PLAN FOR REPLACEMENT SERVICES.

21

22   **SUP. YAROSLAVSKY:** OKAY. I THINK THAT'S A BIT PREMATURE. I  
23   MEAN, FOR EXAMPLE, I'VE JUST BEEN GIVEN A CD OF SOME TESTIMONY  
24   OR SOME WRITTEN TESTIMONY. ARE YOU GOING TO HAVE AN  
25   OPPORTUNITY-- HAVE YOU REVIEWED THIS YET?



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1

2 **DR. BRUCE CHERNOFF:** I'M NOT SURE WHAT THAT IS, SUPERVISOR, SO  
3 I DON'T THINK SO.

4

5 **SUP. YAROSLAVSKY:** LEELA IS FAMILIAR WITH WHAT IT IS, AT LEAST  
6 SHE HANDED IT TO ME.

7

8 **LEELA KAPUR, COUNSEL:** I DID HAND IT TO YOU. THAT WAS DELIVERED  
9 BY THE ADVOCATES THIS MORNING, A COPY FOR EACH OF THE  
10 SUPERVISORS, NOT FOR DR. CHERNOFF.

11

12 **SUP. YAROSLAVSKY:** DON'T YOU THINK WE OUGHT TO REVIEW THAT  
13 BEFORE WE MAKE A FINAL DECISION TO APPROVE ANYTHING? I MEAN,  
14 AS A PROCESS ISSUE, THIS IS...

15

16 **LEELA KAPUR, COUNSEL:** SUPERVISOR, NORMALLY WHAT WE DO WHEN THE  
17 ADVOCATES PROVIDE INFORMATION OF THIS NATURE IS WE REVIEW IT  
18 FOR YOU AS THE HEARING IS PROCEEDING. IF THERE'S ANYTHING IN  
19 THERE WE BELIEVE THAT YOU SHOULD TAKE INTO CONSIDERATION,  
20 WE'LL PRESENT THAT TO YOUR BOARD.

21

22 **SUP. YAROSLAVSKY:** ARE YOU IN THE PROCESS OF DOING THAT NOW?

23

24 **LEELA KAPUR, COUNSEL:** YES, WE ARE, SUPERVISOR.

25



**The Meeting Transcript of  
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1   **SUP. BURKE:** WHILE I WAS VERY PLEASED TO SEE THAT YOU DID  
2   RESPOND TO SOME OF THE ISSUES RAISED, PARTICULARLY AS FAR AS  
3   TRANSPORTATION, AND THAT TRANSPORTATION WILL BE AVAILABLE,  
4   SOME OF THE OTHER ISSUES I THINK THAT YOU DID COVER BUT THERE  
5   ARE SOME THAT MAY NOT HAVE BEEN COVERED, I WOULD HOPE THAT YOU  
6   HAVE A CHANCE TO READ THIS, LISTEN TO THE TESTIMONY AND THEN,  
7   AT THE CONCLUSION OF THE HEARING, I'M CONCERNED THAT WE NOT  
8   DELAY THIS WHOLE PROCESS BUT WE DO WANT TO GIVE DUE PROCESS. I  
9   ASSUME THAT SOME OF THE PEOPLE WHO ARE THE PEOPLE WHO ARE  
10   SUBMITTING THAT WRITTEN TESTIMONY WILL PROBABLY ALSO SUBMIT  
11   ORAL TESTIMONY AS WELL AS THE RECORDED TESTIMONY, BUT I WOULD  
12   HOPE THAT YOU HAVE A CHANCE TO REVIEW IT AND, AT THE  
13   CONCLUSION OF THE HEARING, RESPOND TO ANY UNANSWERED  
14   QUESTIONS. SOME OF THEM I THINK YOU HAVE ANSWERED IN TERMS OF  
15   THAT THERE WILL BE NEARBY CONTRACTED WITH HOSPITALS CLOSE BY  
16   THAT YOU'LL CONTRACT WITH AS WELL AS THE TRANSPORTATION ISSUE,  
17   WHICH SEEMS TO BE A VERY BIG ONE.

18

19   **SUP. YAROSLAVSKY:** IF I CAN JUST CONCLUDE, MR. CHAIRMAN, THE--  
20   THERE ARE A COUPLE OF WRITTEN COMMUNICATIONS THAT I'VE  
21   RECEIVED. ARE YOU GOING TO BE-- AND YOU-- I THINK THEY WERE  
22   ADDRESSED ALSO TO YOU OR COPIED TO YOU FROM LARK GALLOWAY  
23   GILLIAM AND FROM JIM LOTT. HAVE YOU REVIEWED THOSE?

24

25   **DR. BRUCE CHERNOFF:** I'VE-- I HAVE REVIEWED THOSE, SUPERVISOR.



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1

2 **SUP. YAROSLAVSKY:** ARE YOU GOING TO BE PREPARED TO RESPOND  
3 TODAY TO MS GILLIAM'S LETTER?

4

5 **DR. BRUCE CHERNOFF:** IT'S A VERY EXTENSIVE LETTER, SUPERVISOR.

6

7 **SUP. YAROSLAVSKY:** YES, IT IS.

8

9 **DR. BRUCE CHERNOFF:** AND I THINK IT WILL TAKE STAFF TIME TO  
10 REVIEW EACH OF THE RECOMMENDATIONS.

11

12 **SUP. YAROSLAVSKY:** OKAY. SO MY QUESTION, THEN, IS, SOME OF HER  
13 QUESTIONS ARE PRETTY FUNDAMENTAL TO THIS PLAN AND TO THE  
14 WORKABILITY OF THIS PLAN IN TERMS OF CHRONOLOGY, FOR EXAMPLE,  
15 BEING ONE OF THEM. DON'T YOU THINK WE OUGHT TO HAVE AN ANSWER  
16 TO THAT? I'LL WALK YOU THROUGH IT WHEN THE HEARING IS OVER. I  
17 DO WANT TO HEAR WHAT YOU HAVE TO SAY TO THEIR LETTERS,  
18 BECAUSE-- I GATHER THE PURPOSE OF THE BEILENSEN HEARING IS NOT  
19 JUST A VENTING SESSION BUT FOR-- AN OPPORTUNITY FOR THE COUNTY  
20 STAFFS' PROPOSALS TO BE PUT UP TO-- TO BE TESTED IN TERMS OF  
21 INFORMED CRITICISM AND CONSTRUCTIVE CRITICISM AND IF THERE ARE  
22 ISSUES THAT YOU DIDN'T THINK OF AND THEY BRING IT TO YOUR  
23 ATTENTION, IT IS AN OPPORTUNITY FOR US TO DO IT RIGHT THE  
24 FIRST TIME RATHER THAN GO DOWN THE ROAD WITHOUT HAVING  
25 CONSIDERED THAT INPUT. AND THAT'S-- I MEAN, THE LAST TIME WE



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1 HAD A BEILENSEN HEARING THAT WE ACTED ON, I THINK WE ACTUALLY  
2 HAD A-- I THINK A MONDAY HEARING AND WE ACTED ON IT TUESDAY.  
3 WE HAVE A MEETING SCHEDULED WEDNESDAY, SO ACTUALLY, IF WE  
4 WANTED TO TAKE THE TIME, THE 48 HOURS TO EVALUATE TESTIMONY,  
5 BOTH WRITTEN AND OTHERWISE, SO THAT THE RESPONSES TO THE  
6 COMMENTS CAN BE CONSIDERED IN OUR ACTION WOULDN'T BE THE-- I  
7 DON'T THINK WE'D LOSE A HECK OF A LOT AND MAYBE EVEN GAIN  
8 SOMETHING BY TAKING THAT TIME. SO I JUST-- IT'S A PROCESS  
9 ISSUE. I DON'T THINK WE SHOULD PREJUDGE WHAT WE'RE GOING TO  
10 HEAR BEFORE WE HEAR IT OR BEFORE WE'VE READ IT OR BEFORE WE'VE  
11 HAD A RESPONSE TO SOME OF THE ISSUES. I MEAN, THE FIRST ONE IN  
12 MS GILLIAM'S, WHICH I HOPE YOU'LL HAVE AN ANSWER TO, IS THE  
13 CHRONOLOGY OF WHETHER WE CAN-- WHETHER WE ARE SETTING  
14 OURSELVES UP TO NOT BE ABLE TO MAKE CERTIFICATION BY THE TIME  
15 THE FUNDING RUNS OUT ON MARCH 31ST. I'M SURE, IF YOU READ THE  
16 LETTER, YOU REMEMBER THAT ISSUE SHE RAISED. I'D LIKE TO HEAR A  
17 RESPONSE TO THAT, AS ONE EXAMPLE. IS THE SCHEDULE THAT YOU  
18 HAVE PROPOSED UNREALISTIC IN LIGHT OF THIS EXTENSION, DO WE  
19 HAVE TO RETHINK IT?

20

21 **DR. BRUCE CHERNOFF:** SUPERVISOR, TO THAT QUESTION, I THINK THE  
22 PLAN, AS DESCRIBED, LAYS OUT A VERY AGGRESSIVE TIME FRAME TO  
23 PREPARE THE FACILITY TO GO THROUGH ITS FIRST CONDITIONS OF  
24 PARTICIPATION SURVEY. IT IS MY UNDERSTANDING, FROM C.M.S. AND  
25 STATE OFFICIALS, THAT, ONCE WE PASS THE FIRST C.M.S. SURVEY,





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1 THE MEDICAID FUNDING CAN BE RETURNED TO THE FACILITY AND IT IS  
2 THE SECOND CONDITIONS OF PARTICIPATION SURVEY THAT DETERMINES  
3 WHEN THE MEDICARE FUNDING RESTARTS. I THINK THAT, GIVEN THE--  
4 HOW AGGRESSIVE THE PLAN IS, THAT WE NEED TO IMPLEMENT THE PLAN  
5 AS WRITTEN. I THINK WE NEED TO DEMONSTRATE TO C.M.S., THE  
6 STATE AND OTHERS THAT WE CAN COMPLETE THE WORK IN THE TIME  
7 FRAME PROVIDED. I THINK, IF WE ARE READY AT THE END OF MARCH  
8 TO ASK FOR A CONDITION OF PARTICIPATION SURVEY, WE SHOULD BUT  
9 THE PLAN SPECIFICALLY MAPS OUT A LONGER RUN-IN PERIOD TO GIVE  
10 THE FACILITY A CHANCE AND THE NEW STAFF A CHANCE TO MAKE SURE  
11 THAT EVERYTHING IS WORKING PROPERLY. IT IS IMPORTANT TO ME  
12 THAT, WHEN THE FACILITY GO THROUGH THAT FIRST SURVEY, IT IS  
13 FULLY PREPARED TO MEET ALL THE CONDITIONS OF PARTICIPATION,  
14 AND IF THAT MEANT WE WENT A MONTH OR TWO AFTER FUNDING, IF  
15 THAT LOOKED LIKE AN ISSUE BUT WE WERE HITTING OUR STRIDE ON  
16 ALL OF THE MILESTONES LAID OUT IN THE PLAN, I EXPECT THAT I  
17 WOULD BE BACK IN FRONT OF C.M.S., THE STATE AND OTHERS ASKING  
18 FOR AN EXTENSION. BUT THE MOST IMPORTANT THING TO ME IS TO DO  
19 THIS PROPERLY AND TO MAKE SURE, WHEN WE GET TO THAT SURVEY,  
20 WE'RE READY TO PASS IT. SO, TO ME, THE MOST IMPORTANT THING IS  
21 TO WORK THROUGH THE PLAN AS WRITTEN, TO PREPARE FOR A SURVEY  
22 AS QUICKLY AS POSSIBLE, AS SAFELY AS POSSIBLE AND TO WORK WITH  
23 C.M.S. IF WE NEED SOME ADDITIONAL TIME, IF WE CAN SHOW THAT  
24 WE'RE DOING THE WORK.

25



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1   **SUP. YAROSLAVSKY:** OKAY. FAIR ENOUGH. I JUST THINK THAT THE  
2   OTHER THING WE NEED TO DO IS MAKE SURE WE DO IT PROCEDURALLY  
3   PROPERLY SO THAT WE DON'T DO ANYTHING HERE TODAY THAT MAKES US  
4   VULNERABLE TO A LEGAL CHALLENGE, WHICH NONE OF US WOULD WANT,  
5   WOULD TAKE US FAR MORE TIME THAN 48 HOURS, SO I JUST THROW  
6   THAT OUT. I WANTED TO THROW THAT OUT.

7

8   **LEELA KAPUR, COUNSEL:** SUPERVISOR, IF I MAY, THE WAY THAT THIS  
9   MEETING WAS NOTICED, BOTH FOR THE BEILENSON HEARING AND THE  
10   SPECIAL MEETING OF THE BOARD, IF, AFTER THE PUBLIC TESTIMONY,  
11   YOUR BOARD WANTED TO ACT ON DR. CHERNOFF'S RECOMMENDATIONS,  
12   YOU WOULD BE ALLOWED TO. IF YOU WANTED TO CONTINUE THE ITEM  
13   UNTIL WEDNESDAY, THAT WOULD BE PERMISSIBLE ALSO, SO YOU HAVE  
14   THE LATITUDE TO PROCEED AS YOU FEEL APPROPRIATE ONCE YOU'VE  
15   HEARD THE PUBLIC COMMENT.

16

17   **SUP. YAROSLAVSKY:** WE COULD CLOSE THE PUBLIC HEARING AND THEN  
18   JUST HAVE THE ITEM...

19

20   **LEELA KAPUR, COUNSEL:** THE ITEM ON FOR CONSIDERATION, CORRECT.

21

22   **SUP. YAROSLAVSKY:** THANK YOU.

23



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1   **SUP. ANTONOVICH, MAYOR:** OKAY, LET US BEGIN. ANY OTHER  
2   COMMENTS? LET'S BEGIN WITH CONGRESSWOMAN MAXINE WATERS,  
3   REVEREND GARDNER, REVEREND WHITE AND COUNCILWOMAN JANICE HAHN.

4  
5   **COUNCILWOMAN MAXINE WATERS:** GOOD MORNING. GOOD MORNING.

6  
7   **SUP. ANTONOVICH, MAYOR:** GOOD MORNING.

8  
9   **COUNCILWOMAN MAXINE WATERS:** MR. MAYOR AND MEMBERS, COUNTY  
10   BOARD OF SUPERVISORS, THANK YOU FOR AFFORDING US THE  
11   OPPORTUNITY TO SHARE OUR THOUGHTS AND TESTIMONY WITH YOU THIS  
12   MORNING. THIS IS A BEILENSON HEARING, AS HAS BEEN EXPLAINED.  
13   THIS HEARING IS MANDATED BY THE STATE OF CALIFORNIA, BY LAW,  
14   WHENEVER CHANGES ARE BEING MADE TO THE COUNTY HEALTH SERVICES.  
15   THE PEOPLE MUST BE INFORMED AND HAVE AN OPPORTUNITY TO SHARE  
16   WITH YOU THEIR VIEWS, THEIR COMMENTS, THEIR OBJECTIONS, ET  
17   CETERA AND THAT'S PRECISELY WHAT IS HAPPENING HERE THIS  
18   MORNING. WE FIND OURSELVES IN ANOTHER BEILENSON HEARING SIMPLY  
19   BECAUSE WE WERE UNABLE TO PASS THE FEDERAL SURVEY THAT WAS  
20   CONDUCTED BY C.M.S. WE DON'T LIKE THE FACT THAT WE DID NOT  
21   PASS THAT SURVEY, THAT THERE WERE NINE DEFICIENCIES THAT WERE  
22   IDENTIFIED. THAT LED C.M.S. TO ADVISE US THAT FUNDING OF SOME  
23   \$200 MILLION WOULD BE DISCONTINUED AS OF NOVEMBER 30TH BUT I  
24   KNOW THAT WE ARE ALL PLEASED HERE THIS MORNING TO HAVE GOTTEN  
25   A REPRIEVE AND THAT HAS BEEN EXTENDED AND I WOULD LIKE TO



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1    THANK ALL OF YOU AND PARTICULARLY SUPERVISOR BURKE. IN AN  
2    EARLY CONVERSATION WITH HER WHEN I WAS STILL IN WASHINGTON,  
3    SHE RECOGNIZED THAT WE WERE GOING TO NEED AN EXTENSION OF TIME  
4    AND WE TALKED ABOUT IT AND, FROM THAT POINT ON, WE SENT THE  
5    LETTER TO OUR COLLEAGUES IN THE CALIFORNIA DELEGATION, MANY OF  
6    WHOM SIGNED, OTHERS WHO WERE WAITING TO SIGN BUT WE HAVE  
7    SUPPORT FROM THE CALIFORNIA DELEGATION FOR KEEPING THIS  
8    HOSPITAL OPEN AND GETTING AN EXTENSION OF TIME. SO THAT  
9    EXTENSION OF TIME HAS BEEN GRANTED UNTIL MARCH AND WE MUST  
10    TAKE ADVANTAGE OF WHATEVER TIME THAT'S BEEN AFFORDED US TO DO  
11    THE BEST JOB POSSIBLE TO SEE THAT MARTIN LUTHER KING HOSPITAL  
12    IS KEPT OPEN AND THAT ALL OF THE SERVICES THAT CAN BE  
13    PROVIDED, EVEN WITH A DOWNSIZED HOSPITAL, ARE PROVIDED. WITH  
14    THAT, I WOULD LIKE YOU TO KNOW THAT SOME MEMBERS OF THE  
15    COMMUNITY MET WITH MR. CHERNOFF FOR OVER FOUR HOURS, WHERE WE  
16    WALKED THROUGH THIS PLAN AD NAUSEAM AND WE WERE ABLE TO GET  
17    FROM HIM ALL OF THE INFORMATION THAT WE NEEDED ABOUT THE PLAN  
18    AND WE WERE ABLE TO SHARE WITH HIM SOME OF OUR CONCERNS TO SEE  
19    IF WE COULD NOT STRENGTHEN THAT PLAN AND I'LL BRIEFLY JUST GO  
20    THROUGH THOSE WITH YOU. WE'RE CONCERNED THAT WE WANTED TO KNOW  
21    WHAT IS A DOWNSIZED HOSPITAL, WHAT DOES THAT MEAN? AND WE  
22    WALKED THROUGH WHAT IS BEING DESCRIBED IN THE PLAN AS THE CORE  
23    SERVICES THAT WILL BE PROVIDED AND, WHILE WE WOULD NOT LIKE  
24    ANY SERVICES TRANSFERRED TO HARBOR-U.C.L.A. OR ANY PLACE ELSE,  
25    WE RECOGNIZE THAT, IF WE'RE GOING TO SAVE THIS HOSPITAL, WE'VE



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1 GOT TO COME TOGETHER AND AGREE AND SUPPORT SOMETHING THAT'S  
2 GOING TO SEND A STRONG MESSAGE TO THE FEDERAL GOVERNMENT THAT  
3 WE HAVE NEW MANAGEMENT, THAT WE HAVE WAYS BY WHICH WE ARE  
4 GOING TO MOVE FORWARD WITH THE HOSPITAL, WITH ALL OF THE  
5 CONDITIONS BEING MET AND SO WE AGREE WITH MOST OF THE SERVICES  
6 THAT HAVE BEEN IDENTIFIED. LET ME JUST POINT OUT THE ONES  
7 WE'RE A LITTLE BIT CONCERNED ABOUT. WE'RE CONCERNED ABOUT  
8 PEDIATRICS, PEDIATRIC ICU, NEONATAL, O.B. AND PSYCHIATRIC  
9 SERVICES AND WE SAID THIS TO MR. CHERNOFF. WE ARE CONCERNED  
10 ABOUT PEDIATRICS BECAUSE THAT'S KIND OF WHERE WE ENTERED  
11 SOMEWHAT IN THE DISCUSSION ALMOST THREE YEARS AGO ABOUT  
12 NEONATAL SERVICES. WE THOUGHT WE HAD THE STATE-OF-THE-ART  
13 NEONATAL SERVICES AT MARTIN LUTHER KING HOSPITAL AND WE WERE  
14 CONCERNED THAT, AT HARBOR, THEY NEEDED CAPITAL OUTLAY TO  
15 DEVELOP THE NEONATAL UNIT AND WE FELT IT WOULD BE COST  
16 EFFECTIVE PLUS WE THOUGHT THAT WE HAD SOME OF THE BEST CARE  
17 THERE AND WE'RE CONCERNED ABOUT THOSE PARENTS WHO ARE BRINGING  
18 CHILDREN TO MARTIN LUTHER KING HOSPITAL FOR PEDIATRIC  
19 SERVICES, FOR NEONATAL SERVICES, FOR THOSE MOTHERS WHO ARE  
20 BIRTHING THERE, WHO WOULD HAVE-- NEED ACCESS TO THOSE SERVICES  
21 THREE YEARS AGO WHEN WE FIRST STARTED TO TALK ABOUT THIS. SO  
22 NOW WITH THOSE SERVICES BEING TRANSFERRED, WE RAISED THE  
23 QUESTION OF WHETHER OR NOT THIS SHOULD BE ONE OF THE CORE  
24 SERVICES OR SEVERAL OF THE CORE SERVICES THAT SHOULD BE KEPT.  
25 WE'RE CONCERNED ABOUT ADULT PSYCHIATRY. WE BELIEVE THAT IT



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1 SHOULD BE KEPT AT MARTIN LUTHER KING HOSPITAL, THAT THE HUBERT  
2 HUMPHREY CENTER IS EXTREMELY IMPORTANT TO THIS COMMUNITY. WE  
3 BELIEVE WE SHOULD KEEP BOTH ADOLESCENT AND ADULT. WE KNOW THAT  
4 THEY WILL BE UNDER THE MANAGEMENT OF USC, AS WE UNDERSTAND IT,  
5 BUT WE DON'T THINK THAT THESE SERVICES SHOULD BE TRANSPORTED  
6 OUT ANY PLACE ELSE BUT RIGHT THERE. THEY'RE IMPORTANT AND WE  
7 ASK MR. CHERNOFF TO PLEASE GIVE THAT CONSIDERATION. WHEN WE  
8 TALK ABOUT EMERGENCY SERVICES, WE WANT THE FULL RANGE OF  
9 EMERGENCY SERVICES. WE KNOW THAT THERE ARE SERVICES BEING  
10 DESCRIBED AS URGENT CARE, THOSE SERVICES WHERE PEOPLE USE THE  
11 EMERGENCY ROOM WHEN THEY REALLY ARE NOT EMERGENCY PATIENTS BUT  
12 WE DON'T CONSIDER THAT 100% OF THOSE PEOPLE COME INTO THE  
13 EMERGENCY ROOM ARE COMING, SHOULD BE IDENTIFIED AS URGENT  
14 CARE. WE WANT TO MAKE SURE THAT THERE'S NO MISTAKE THAT WE  
15 HAVE FULL COMPREHENSIVE EMERGENCY SERVICES, ALONG WITH URGENT  
16 CARE, AND THOSE PEOPLE WHO ARE NOT TRULY EMERGENCY CASES CAN  
17 BE SHIFTED OVER TO URGENT CARE, BUT WE MUST HAVE BOTH. WE'RE  
18 GOING TO HAVE SOME-- OUR LEADERS IN THE COMMUNITY TODAY TALK  
19 ABOUT JOB RETENTION AND LET ME JUST SIMPLY SAY THIS. I  
20 UNDERSTAND THE PLAN FOR ASKING EVERYBODY TO INTERVIEW FOR A  
21 JOB, THAT THE IDEA IS THAT WE KEEP EVERYBODY WHO IS COMPETENT,  
22 WHO IS NOT BEEN TOLD THAT THEY ARE GOING TO BE FIRED BECAUSE  
23 THEY HAVE NOT PERFORMED AND WE UNDERSTAND THE NEED TO WANT TO  
24 DO SOME KIND OF INTERVIEW PROCESS BUT WE WANT TO BE CAREFUL  
25 THAT THIS PROCESS IS NOT USED TO GET RID OF PEOPLE WHO SHOULD





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1 REMAIN BECAUSE THEY HAVE DEMONSTRATED THAT THEY CAN PROVIDE  
2 THE SERVICES AND, FROM THE TIME THAT THEY STARTED WORKING AT  
3 KING UNTIL THE TIME THEY GO ON THE INTERVIEW, THERE'S NOTHING  
4 THERE THAT WOULD INDICATE THAT THEY CANNOT PERFORM THE  
5 SERVICES. WE WANT TO MAKE SURE THAT THEY GET A JOB. AND I  
6 WOULD ASK THAT THE DOCTORS BE HANDLED IN A RESPECTFUL WAY. IF  
7 THEY ARE PROVIDING THE SERVICES AT MARTIN LUTHER KING NOW AND  
8 THEY HAVE NOT BEEN IDENTIFIED AS BEING A PROBLEM, THEY SHOULD  
9 BE RETAINED FOR WHATEVER SERVICES ARE GOING TO BE PROVIDED AT  
10 THAT INSTITUTION OR, IF THEY'RE GOING TO BE ROTATED OR  
11 TRANSFERRED TO ONE OF THE OTHER COUNTY FACILITIES, I THINK  
12 THAT SHOULD BE DONE PURELY ON THE BASIS OF THEIR COMPETENT  
13 SERVICES, AS DEMONSTRATED BY THE WORK THAT THEY ARE DOING. AND  
14 THE REASON I RAISE THIS IS BECAUSE WE DISCOVERED THAT, EVEN  
15 WHEN WE LOST SOME OF OUR AREA TO CALIFORNIA HOSPITAL, EVEN  
16 WHEN MARTIN LUTHER KING WAS BEING CRITICIZED, MANY OF OUR  
17 DOCTORS ARE SERVING AT CALIFORNIA HOSPITAL AND THEY'RE DOING A  
18 GREAT JOB. AND WE JUST FEEL THAT, IF THEY ARE COMPETENT AND  
19 THEY'RE PROVIDING THOSE SERVICES NOW, THAT THEY SHOULD NOT BE  
20 PUT THROUGH ANY UNNECESSARY INTERVIEW INDICATING THAT MAYBE  
21 THEY MAY NOT BE ABLE TO BE RETAINED IN SOME FASHION THROUGHOUT  
22 THE COUNTY SYSTEM. AGAIN, WE TALKED ABOUT THE NEED TO MAKE  
23 SURE THAT THIS IS SEAMLESS, THAT THE HOSPITAL DOES NOT CLOSE  
24 DOWN FOR ONE DAY. I WAS A LITTLE BIT CONCERNED WHEN I HEARD  
25 MR. CHERNOFF'S TESTIMONY JUST A FEW MINUTES AGO THAT TALKED



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1 ABOUT PEOPLE ROTATING OUT AND HOW, IF PEOPLE LEAVE EARLY, THAT  
2 THEY MAY NOT BE ABLE TO PROVIDE CERTAIN SERVICES BECAUSE THOSE  
3 PEOPLE WHO WOULD BE GOING SOMEPLACE ELSE WOULD BE KEY TO THAT  
4 SERVICE. WELL, I THINK, IF THEY'RE GOING WITHIN THE COUNTY  
5 SYSTEM, WE CAN MANAGE THAT, THAT CAN BE HANDLED. IF IT MEANS  
6 THEY HAVE TO STAY TWO WEEKS LONGER OR 30 DAYS LONGER OR WHAT  
7 HAVE YOU, RATHER THAN DISCONTINUE IN THAT SERVICE, THAT I  
8 WOULD THINK THAT THAT'S THE KIND OF MANAGEMENT THAT WE COULD  
9 DO TO MAKE SURE THAT THIS IS SEAMLESS. IN ADDITION TO THAT,  
10 THE TRANSFER OF BEDS AND THE NUMBER OF BEDS THAT ARE GOING TO  
11 BE TRANSFERRED. WE KNOW THAT THAT'S NECESSARY BUT IT CERTAINLY  
12 WOULD MAKE A LOT MORE SENSE TO PUT BEDS AT RANCHO THAN TO TAKE  
13 THEM ALL THE WAY TO OLIVE VIEW. YOU CREATE ANOTHER  
14 TRANSPORTATION PROBLEM AND THE PROBLEM THAT LED US TO THE  
15 DEVELOPMENT OF MARTIN LUTHER KING TO BEGIN WITH, THE LONG  
16 TRANSFER-- THE LONG TRANSPORTATION NEEDS OVER TO COUNTY USC  
17 YEARS AGO. SO WE WOULD LIKE VERY MUCH FOR YOU TO LOOK AT THAT  
18 AND TO KEEP THOSE BEDS AS CLOSE TO THE COMMUNITY AS YOU CAN  
19 POSSIBLY KEEP THEM. I UNDERSTAND THAT THERE'S A LOT OF ROOM AT  
20 RANCHO AND I WANT TO MAKE SURE THAT WE'RE UTILIZING ALL OF THE  
21 SPACE AT HARBOR THAT CAN BE USED BEFORE WE START TO TAKE THOSE  
22 BEDS FURTHER AND FURTHER OUT. AND I WOULD HOPE THAT THE NUMBER  
23 OF BEDS THAT ARE TRANSFERRED ARE ADEQUATE AND THAT THEY  
24 REPRESENT THE NUMBER OF BUDGETED BEDS. I UNDERSTAND IT SHOULD  
25 BE ABOUT 232 AND I WOULD LIKE MR. CHERNOFF TO TAKE A LOOK AT



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1 THAT. NOW, HAVING SAID ALL OF THAT, LET ME COMMEND YOU FOR  
2 COMING UP WITH AN ALTERNATIVE PLAN TO KEEP THIS HOSPITAL OPEN.  
3 THERE ARE MANY PEOPLE WHO DON'T UNDERSTAND THE FIGHT AND THE  
4 STRUGGLE. AND YOU WILL EVEN HEAR TODAY SOME PEOPLE WILL COME  
5 AND SAY, "WE DON'T LIKE THE PLAN, DON'T GO FORWARD WITH THIS  
6 PLAN, JUST KEEP MARTIN LUTHER KING HOSPITAL OPEN" AND I  
7 SUPPOSE IF ANYBODY HAD A MAGIC WAND, WE COULD DO THAT BUT YOU  
8 DON'T HAVE A MAGIC WAND. I COME FROM THE FEDERAL GOVERNMENT. I  
9 KNOW THAT THEY'RE SERIOUS. I HAVE TALKED WITH THEM, I HAVE  
10 TALKED WITH THEM. THIS HOSPITAL WILL BE CLOSED UNLESS THERE IS  
11 A RADICAL MANAGEMENT PLAN TO KEEP IT OPEN AND I THINK METRO  
12 REPRESENTS THAT. I THINK, WITH A FEW FIXES IN THIS PLAN, SOME  
13 OF WHICH I'M ALLUDING TO, OTHERS WILL ALLUDE TO TODAY, WE  
14 SHOULD MOVE FORWARD WITH THIS PLAN. WE MAY HAVE TO GET ANOTHER  
15 EXTENSION COME MARCH, WE DON'T KNOW BUT LET'S SEE HOW FAR WE  
16 CAN GET AND HAVING GOOD CORE SERVICES THAT WILL MEET THE BASIC  
17 NEEDS, MAKE SURE THAT WE HAVE THE BEDS THAT ARE COVERED IN  
18 SURROUNDING HOSPITALS. I MUST ALSO TELL YOU THAT I HAD A LONG  
19 TALK WITH CENTINELA. THEY'RE OFFERING BED SPACE ALSO. I DON'T  
20 KNOW HOW THAT WORKS BUT THEY WANT YOU TO KNOW, AND I SUPPOSE  
21 THEY MAY HAVE BEEN IN TOUCH WITH MR. CHERNOFF, THAT WOULD BE  
22 CLOSER THAN, SAY, OLIVE VIEW OR EVEN COUNTY USC. SO IF WE'VE  
23 GOT CENTINELA AND WE'VE GOT RANCHO AND WE'VE GOT HARBOR AND  
24 EVEN CALIFORNIA, I HAVEN'T HEARD MUCH ABOUT CALIFORNIA BUT  
25 SINCE THEY HAVE PART OF OUR TRAUMA PATIENTS, THEY OUGHT TO



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1 TAKE PART OF OUR OTHER BEDS, WE WOULD HAVE A LOT LESS  
2 TRANSPORTATION NEEDS IF WE KEEP THOSE BEDS CLOSE TO MARTIN  
3 LUTHER KING HOSPITAL. SO I'D LIKE TO THANK YOU FOR RECOGNIZING  
4 AND UNDERSTANDING THAT IT IS POSSIBLE TO KEEP THE HOSPITAL  
5 OPEN EVEN IF WE GO-- MUST GO THROUGH RADICAL MANAGEMENT AND,  
6 FOR THOSE PEOPLE TODAY WHO WILL SAY THAT WE DON'T NEED TO DO  
7 THIS, MANY OF THEM HAVE NOT BEEN INVOLVED IN THIS STRUGGLE FOR  
8 AS LONG AS SOME OF US HAVE AND THEY DON'T UNDERSTAND THE  
9 DANGER. I DON'T WANT TO ROLL THE DICE. I WANT TO KEEP THIS  
10 HOSPITAL OPEN. I THINK THAT WE CAN WORK WITH THIS PLAN AND WE  
11 CAN WORK BACKWARDS TO GET A FULLY ACUTE HOSPITAL SOMETIME IN  
12 THE NOT SO DISTANT FUTURE AND THAT'S WHY I'M ON ALL OF THIS  
13 AND THAT'S WHERE MANY IN OUR COMMUNITY ARE AND ALL OF THOSE  
14 PEOPLE THAT YOU SEE OUT THERE IN THE YELLOW T-SHIRTS TODAY AND  
15 OTHERS WHO COULD NOT COME, THEY SUPPORT THE IDEA THAT WE CAN  
16 KEEP THIS HOSPITAL OPEN WITH THIS PLAN. WE WOULD ASK YOU TO DO  
17 THE BEST JOB POSSIBLE AND, LASTLY, EVEN THOUGH IT MAY NOT SEEM  
18 IMPORTANT, I WANT THE NAME OF THE HOSPITAL, AS THE COMMUNITY  
19 WOULD LIKE THE NAME OF THE HOSPITAL, TO BEGIN WITH MARTIN  
20 LUTHER KING AND IF YOU HAVE TO ADD HARBOR-U.C.L.A., PLEASE PUT  
21 IT ON THE BACK END OF IT AND NOT ON THE FRONT END. THANK YOU  
22 VERY MUCH. [ CHEERS AND APPLAUSE ] [ GAVEL ]  
23  
24 **SUP. ANTONOVICH, MAYOR:** THANK YOU. PLEASE. [ CHEERS AND  
25 APPLAUSE ]



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1

2 **SUP. ANTONOVICH, MAYOR:** NO APPLAUSE. PLEASE. IF YOU WANT TO  
3 EXPRESSES YOURSELF, YOU JUST WAVE YOUR HANDS BUT NO APPLAUSE.  
4 SUPERVISOR BURKE.

5

6 **SUP. BURKE:** YOU KNOW, I THINK IT WOULD BE APPROPRIATE AT THIS  
7 TIME FOR US TO THANK CONGRESSWOMAN MAXINE WATERS,  
8 CONGRESSWOMAN JUANITA MCDONALD, OUR SENATORS, BARBARA BOXER  
9 AND FEINSTEIN, OUR ENTIRE CALIFORNIA DELEGATION, OUR GOVERNOR,  
10 WHO ALSO CALLED AND WROTE. WE HAVE HAD ACROSS THE BOARD  
11 SUPPORT AND IT IS ONLY BECAUSE WE HAD THE STRONG SUPPORT IN  
12 WASHINGTON THAT WE'RE HERE TODAY AT THIS POINT. THESE ARE  
13 ISSUES THAT WASHINGTON HAS CONTROL OVER AND WE ARE JUST VERY  
14 PLEASED THAT WE'VE HAD THE KIND OF SUPPORT FROM OUR  
15 CONGRESSIONAL DELEGATION AND ALSO OUR STATE DELEGATION. OUR  
16 STATE LEGISLATORS HAVE BEEN MARVELOUS. MERV DIMALLY, ALL OF  
17 OUR STATE LEGISLATORS AND THE STATE DEPARTMENT, EVERYONE WHO  
18 CAME TOGETHER AND CERTAINLY-- I HAVE TO REPEAT, WE CERTAINLY  
19 APPRECIATE YOUR STRONG HELP AND SUPPORT AND, AS WE MOVE  
20 FORWARD, IT'S GOING TO BE ALSO IMPORTANT TO HAVE THAT SAME  
21 SUPPORT, PARTICULARLY FROM WASHINGTON. SO THANK YOU VERY MUCH.

22

23 **CONGRESSWOMAN MAXINE WATERS:** THANK YOU. AND, SUPERVISOR, THE  
24 NEXT TESTIMONIES THAT YOU WILL HEAR ARE FROM THE THREE LARGEST  
25 CHURCHES IN WATTS. YOU HAVE THE LEADERSHIP OF NOT ONLY THE



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1 CHURCH COMMUNITY IN OUR AREA BUT THE LEADERSHIP OF OUR  
2 COMMUNITY, THESE MINISTERS, WHO ARE NOT ONLY SUPPORTING THE  
3 HOSPITAL, THEY'RE BUILDING HOUSING FOR SENIORS AND FOR POOR  
4 PEOPLE AND THEY HAVE COME TOGETHER. WE HAVE ONE MINISTER,  
5 REVEREND MASON, WHO IS MISSING TODAY FROM MACEDONIA, WHO MAKES  
6 UP THE FOUR BIGGEST CHURCHES IN THE AREA BUT THEY'RE HERE  
7 TODAY TO SHOW THEIR SUPPORT AND TO GIVE THEIR TESTIMONY ON  
8 BEHALF OF OUR COMMUNITY. THANK YOU VERY MUCH.

9

10 **SUP. BURKE:** I AM REMISS IN NOT SAYING THAT THE CHURCHES HAVE  
11 BEEN JUST VERY VITAL. REVEREND HARDWICK, ALL OF THE MINISTERS  
12 HAVE GONE FORWARD, HAVE BEEN CONTACTING THEIR CONTACT IN  
13 WASHINGTON AND HAVE BEEN ASSISTING US AS WELL, SO THANK YOU  
14 VERY MUCH.

15

16 **SUP. ANTONOVICH, MAYOR:** YES. PASTOR? WHICHEVER ONE. YOU'RE ON.

17

18 **SPEAKER:** REVEREND WHITE.

19

20 **LESLIE RAFAEL WHITE:** GOOD MORNING. I'M LESLIE RAFAEL WHITE,  
21 FULL NAME, PASTOR OF THE GRANT A.M.E. CHURCH AT 105TH AND  
22 CENTRAL. WE STAND IN COMPLETE FAVOR AND SUPPORT OF THE PLAN  
23 THAT IS BEING TALKED ABOUT AND LOOKED AT TO KEEP THIS HOSPITAL  
24 IN OPERATION. PREVIOUS TO COMING TO LOS ANGELES TO SERVE IN  
25 THIS CONGREGATION, I SERVED IN THE COMMUNITY OF ST. LOUIS





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1 WHEREIN THE HOSPITAL, HOMER G. PHILLIPS, WAS CLOSED. IT WAS  
2 DEVASTATING TO THE COMMUNITY, STILL IS DEVASTATING TO THE  
3 COMMUNITY, ALMOST 20 TO 25 YEARS AFTER THE CLOSURE. IT HURT  
4 THE SCHOOLS, IT HURT THE ECONOMIC INFRASTRUCTURE, IT HURT THE  
5 HOUSING, IT HURT THE QUALITY OF LIFE. SO THAT, WHEN WE  
6 CONSIDER WHAT WE ARE DOING TODAY, WE MAKE A LARGE STATEMENT ON  
7 THE QUALITY OF LIFE OF THE COMMUNITY IN WHICH THIS HOSPITAL  
8 SERVES. OUR CHURCH IS ONE OF THE CHURCHES THAT IS BUILDING 92  
9 UNITS OF LOW INCOME HOUSING AND MODERATE INCOME HOUSING. PART  
10 OF THE ATTRACTION FOR ANYONE IS TO KNOW THAT THEY HAVE GOOD  
11 MEDICAL CARE, ALONG WITH GOOD SCHOOLS AND OTHER COMMUNITY  
12 ADVANTAGES, TO BE IN THAT COMMUNITY. TO TAKE OUT A HOSPITAL IS  
13 A VERY, VERY DYNAMIC STRIKE TO THE QUALITY OF LIFE FOR THAT  
14 COMMUNITY. SO, IN THAT WAY, WE ARE EXTREMELY SUPPORTIVE AND  
15 KNOW THAT THE QUALITY OF LIFE IS NECESSARY FOR THAT COMMUNITY  
16 TO REMAIN STRONG AND VIBRANT. THERE HAS BEEN DISCUSSIONS  
17 CONCERNING THE NAME OF THE HOSPITAL THAT CONGRESSWOMAN WATERS  
18 JUST ALLUDED TO AND, INDEED, MARTIN LUTHER KING, JR. MEDICAL  
19 CENTER MUST BE A NAME THAT WE RETAIN AND INDEED ON THE FRONT  
20 END. THE HOSPITAL WAS BORN OUT OF THE RIOTS OF 1966 IN WATTS  
21 AND WE UNDERSTAND THAT GOVERNOR BROWN APPOINTED JOHN MCCONE,  
22 AND, OUT OF HIS STUDY, HE LIFTED UP THE FACT THAT ONE OF THE  
23 ISSUES OF THAT TIME WAS THAT THERE WAS NOT ADEQUATE MEDICAL  
24 CARE IN THE COMMUNITY. SO FOR US TO SEE THE CLOSURE OR  
25 DOWNSIZING SO SMALL OF A HOSPITAL TAKES US BACK NEARLY 40



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1 YEARS AND I'M CERTAIN THAT WE DON'T WANT TO GO BACKWARDS BUT  
2 FORWARDS AND THAT WE DON'T WANT TO AFFIRM A PROBLEM THAT WE  
3 TRIED TO ERADICATE BY PUTTING THE HOSPITAL THERE. THE HOSPITAL  
4 GAVE-- AFTER-- ON APRIL THE 10TH, SIX DAYS AFTER THE  
5 ASSASSINATION OF DR. KING, GROUNDBREAKING CEREMONIES FOR THE  
6 ACUTE CARE UNIT OF THE HOSPITAL WAS HELD AND THE HOSPITAL WAS  
7 NAMED AFTER MARTIN LUTHER KING, JR., AS YOU WELL KNOW, BECAUSE  
8 OF HIS EFFORTS TO MAKE THE QUALITY OF LIFE FOR ALL AMERICANS  
9 EXCELLENT. ON MARCH 27TH, 1972, THE DOORS OF MARTIN LUTHER  
10 KING, JR. GENERAL HOSPITAL OPENED FOR THE FIRST TIME AS THE  
11 SEVENTH HOSPITAL IN LOS ANGELES COUNTY, DEPARTMENT OF HEALTH  
12 SERVICES AND THE THIRD LOS ANGELES COUNTY TEACHING HOSPITAL.  
13 AND INDEED THAT, TOO, IS A VERY FORMIDABLE CONCERN BECAUSE WE  
14 DO WANT PEOPLE TO COME TO THE COMMUNITY TO LEARN HOW TO TAKE  
15 CARE OF PEOPLE, NOT JUST THE SCIENCE OF MEDICINE BUT ALSO THE  
16 ART OF HEALING. AND SO, FOR THAT WAY, THE KING HOSPITAL SERVES  
17 A VERY DEFINITE CONCERN. ON THE PRACTICAL SIDE, IT IS OUR  
18 DESIRE THAT PATIENT SERVICES AND INFORMATION ABOUT THE  
19 HOSPITAL NOT BE MISLED OR FAILED TO LOCATE THE HOSPITAL WHEN  
20 MAKING INQUIRIES SIMPLY BECAUSE THEY DO NOT USE HARBOR  
21 INSTEAD, THE NAME HARBOR INSTEAD OF MARTIN LUTHER KING. SO THE  
22 MARTIN LUTHER KING NAME NOT ONLY RESONATES WITH THE HOSPITAL  
23 BUT EVEN THE LOCATION, PEOPLE KNOW WHERE TO FIND THAT  
24 HOSPITAL. THE COMMUNITY UNDERSTANDS THE NEED TO EXHIBIT TO  
25 C.M.S. THAT WE ARE SERIOUS ABOUT CORRECTING THE PROBLEMS AT



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1 MARTIN LUTHER KING HOSPITAL AND WE ARE SERIOUS ABOUT KEEPING  
2 THE DOORS OF THE FACILITY OPEN. I HAVE PARISHIONERS WHO GO  
3 THERE. WHEN WE HAVE ACCIDENTS OUTSIDE OF OUR CHURCH, THEY ARE  
4 SENT THERE. WE VISIT MEMBERS THERE AND THE HOSPITAL DOES A  
5 FINE JOB. NOTHING IS PROBLEM-FREE BUT WE DO BELIEVE THE  
6 PROBLEMS ARE CORRECTABLE AND THAT WE WORK WITH YOU LOCK STEP  
7 TO MAKE THAT HAPPEN SO THAT WE DO HAVE AN EXCELLENT HOSPITAL  
8 IN OUR COMMUNITY. THEREFORE, WE SUPPORT THE METROCARE PLAN AND  
9 HOPE THAT OUR CONCERNS ARE TAKEN INTO CONSIDERATION. AS WE GO  
10 FORWARD, OUR ORGANIZATION REMAINS UNITED AND DEDICATED TO  
11 DEMONSTRATING TO C.M.S. AND THE COMMUNITY THAT WE ARE SERIOUS  
12 ABOUT RETAINING OUR HOSPITAL. WE WILL CONTINUE THE WORK WITH  
13 THE DEPARTMENT OF HEALTH SERVICES, DR. CHERNOFF AND YOU, THE  
14 BOARD OF SUPERVISORS, TO PROVIDE TO OUR COMMUNITY THAT WHICH  
15 IS-- THAT WHICH IT DESPERATELY NEEDS, ACCESS TO QUALITY CARE.  
16 GRANT CHURCH HOSTED THE VERY FIRST MEETING ON THIS CONCERN OF  
17 KEEPING THIS HOSPITAL OPEN. I'M THANKFUL FOR ALL LEVELS OF  
18 GOVERNMENT AND COMMUNITY ACTIVITIES, COMMUNITY ORGANIZATIONS  
19 THAT ARE WORKING THROUGH VARIOUS ACTIVITIES TO KEEP THIS  
20 HOSPITAL OPEN. I THANK YOU FOR YOUR CONSIDERATION, FOR YOUR  
21 PRAYERFUL TIME AND I DO PRAY THAT WE KEEP THIS HOSPITAL AT THE  
22 LEVEL IT IS AND GROWING STRONGER. THANK YOU VERY MUCH.

23

24 **SUP. ANTONOVICH, MAYOR:** THANK YOU, PASTOR. PASTOR?

25



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1   **REGINALD POPE:** GOOD MORNING. MY NAME IS REGINALD POPE,  
2   MINISTER OF THE BETHEL MISSIONARY BAPTIST CHURCH, LOCATED  
3   WITHIN A MILE OF THE MARTIN LUTHER KING HOSPITAL. AND TO THIS  
4   HONORABLE BOARD OF SUPERVISORS, DR. CHERNOFF AND TO  
5   CONGRESSWOMAN AND ALL OF THE MEMBERS OF THE COMMUNITY, I AM  
6   BELIEVING THAT WHERE THERE IS A WILL, THERE IS A WAY AND I'M  
7   CONVINCED THAT ALL OF US HERE WILL HAVE A WILL THAT KING  
8   HOSPITAL REMAIN THERE AND IT HAS QUALITY SERVICE IN ALL AREAS.  
9   IN CONSIDERING THE FUTURE OF THIS HOSPITAL, WE NEED TO BE  
10   REMINDERED OF ITS HISTORY AND I THINK IT HAS BEEN STATED HERE  
11   THAT DR. KING AND OTHERS AND SOME OF US HERE TODAY FOUGHT TO  
12   GET IT THERE AND WE GOT IT THERE BECAUSE WE NEEDED HELP. WE  
13   WERE GOING OVER 15 MILES TO THE BIG GENERAL DOWNTOWN TO GET  
14   SOME HELP AND, WHEN WE FINALLY GOT IT, WE HAD HOPE. WE HAD  
15   HOPE THAT, RIGHT THERE IN OUR COMMUNITY, WE COULD GET HELP  
16   WHEN THINGS CAME ABOUT. AND, TO BE HONEST, WE MUST ACKNOWLEDGE  
17   THAT THERE HAVE BEEN SOME SUB PAR PERFORMANCES AND WE BELIEVE  
18   THAT WE CAN GO FORTH RIGHT QUICKLY TO CONTINUE TO CORRECT  
19   THOSE SUB PAR DEFICIENCIES. AND NOT ONLY CAN WE CORRECT THEM,  
20   I BELIEVE WE CAN IMPROVE ON WHAT HAS HAPPENED. IN THE  
21   MEANTIME, WE ARE HERE TO COOPERATE WITH ALL OF THOSE WHO ARE  
22   FOR MOVING ON THIS PROPOSAL THAT HAS BEEN BROUGHT TO US BY DR.  
23   CHERNOFF, WITH A FEW TWEAKS AND A LITTLE TWISTING TO GET IT  
24   EVEN MORE IMPROVED, AND SOME OF THAT WILL CAUSE, I'M SURE,  
25   TEMPORARILY TRANSFERRING SOME SERVICES TO OTHER INSTITUTIONS



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1 WITHIN A RADIUS OF NOT TOO FAR FROM WHERE THIS LOCATION IS  
2 BECAUSE THE FARTHER YOU HAVE TO GO, THE SLIMMER YOUR CHANCES  
3 ARE OF SURVIVING. AND WE WANT TO ENSURE, WANT TO ASK YOU TO  
4 ASSURE THAT ALL OF THE EMPLOYEES DO NOT BE PENALIZED SIMPLY  
5 BECAUSE THEY WORKED AT KING, BECAUSE THEY HAVE ALREADY BEEN  
6 SCRUTINIZED, THEY'VE BEEN EXAMINED, THEY'VE BEEN TAKEN THROUGH  
7 A LOT OF TESTING TIMES AND, INSTEAD OF SCRUTINIZING THEM,  
8 PENALIZING THEM, I BELIEVE THEY SHOULD BE EVEN, I GUESS,  
9 COMMENDED FOR THE JOB THEY'VE DONE UNDER THESE TRYING  
10 CIRCUMSTANCES. AND THEY'VE BEEN UNDER MICROSCOPIC EXAMINATION  
11 AND TO HAVE TO GO BACK TO THE END OF THE LINE AND START ALL  
12 OVER AGAIN IS NOT FAIR, IS NOT FAIR, AND WE DO BELIEVE THAT  
13 THE NAME, MARTIN LUTHER KING, JR., FOR THIS HOSPITAL MUST BE  
14 MAINTAINED UP FRONT BECAUSE IT HAS NOT ONLY A RECOGNITION THAT  
15 HAS SOME DEEP SENTIMENTS TIED TO IT. ONE OF YOUR FORMER  
16 COLLEAGUES, KENNETH HAHN, FOUGHT FOR IT, AND WE LOVED HIM AND  
17 HE'S ONE OF OUR CHAMPIONS AND HIS DAUGHTER IS ALSO ONE OF OUR  
18 CHAMPIONS AND WE ARE HERE UNITED TO SAY, LET'S DO WHAT WE GOT  
19 TO DO WITH THE VIEW OF RESTORING KING HOSPITAL TO THE QUALITY  
20 HOSPITAL THAT IT ONCE WAS WITH FULL SERVICES IN ALL AREAS.  
21 THANK YOU FOR HEARING THIS TESTIMONY.

22  
23 **SUP. ANTONOVICH, MAYOR:** THANK YOU, PASTOR. PASTOR?



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1    **JOSEPH C. GARDNER:** THANK YOU VERY MUCH. MY NAME IS JOSEPH C.  
2    GARDNER, PASTOR OF HAYES TABERNACLE CHRISTIAN METHODIST  
3    EPISCOPAL CHURCH LOCATED 102ND AND CENTRAL AVENUE IN LOS  
4    ANGELES WHERE OUR HISTORICAL CHURCH HAS BEEN IN THAT AREA FOR  
5    MORE THAN 60 YEARS NOW AND WE, TOO, COME-- WE UNDERSTAND THE  
6    SERIOUSNESS OF EVENTS THAT HAVE BROUGHT US TO THIS CURRENT  
7    CRISIS, PROVIDING HEALTHCARE AND SERVICES FOR OUR COMMUNITY.  
8    WE UNDERSTAND THAT MARTIN LUTHER KING DREW HOSPITAL DID NOT  
9    PASS THE CENTRAL MEDICARE, MEDICAID SERVICES OF C.M.S., SO WE  
10    RECOGNIZE THAT WE MUST NOW BE UNITED BEHIND THE PLAN WHICH HAS  
11    BEEN PRESENTED TO US FOR HEALTHCARE SERVICES FOR THE RESIDENTS  
12    OF OUR COMMUNITY. JOB RETENTION IS ONE OF THE AREAS THAT-- FOR  
13    HEALTH PROFESSIONALS AND WE ARE SENSITIVE TO THESE NEEDS AND  
14    WE UNDERSTAND THAT OUR COMMUNITY NEED TO BE SENSITIVE TO THIS.  
15    THE ETHNICAL, THE DIVERSITY IN HEALTHCARE, FOR THE WORKFORCE  
16    OF SERVICES AND PLAN IN THE AREA, OF CULTURE AND PROVIDING FOR  
17    OUR COMMUNITY, WE ARE VERY CONCERNED ABOUT THOSE AREAS AND WE  
18    HOPE THAT YOU WILL CONSIDER THAT IN UNDERSTANDING THE FORCES  
19    IN NEGLECTING THE AREAS OF OUR SOCIAL NEEDS IN OUR COMMUNITY.  
20    RETAINING DEDICATED CLINICS TO MEET THE NEEDS OF THE COMMUNITY  
21    AND THE HEALTHCARE AND ALLOWING THE CURRENT EMPLOYEES TO BE  
22    TREATED FAIRLY AND NOT DENIED ACCESS TO EMPLOYMENT BY ONLY A  
23    LACK OF PERFORMANCE THEY MAY HAVE AND WE HOPE THAT YOU WILL  
24    GIVE EACH ONE OF THESE EMPLOYEES AN OPPORTUNITY TO BE TREATED  
25    FAIRLY. AND CERTAINLY IT WOULD BRING A PROBLEM IN OUR AREA





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1 WHERE WE ALL WOULD HAVE A LOT OF PERSONS, NOW HOMELESS PEOPLE  
2 IN OUR COMMUNITY AND WE CERTAINLY DON'T WANT THAT TO COMPACT  
3 ITSELF BY THOSE EMPLOYEES NOW LOSING THEIR JOBS IN THE AREA  
4 AND MY-- A LOT OF MY MEMBERS WHO LIVES IN THE AREA USE THE  
5 HOSPITAL AND I, TOO, GO IN AND OUT OF THERE IN THE LAST 13  
6 YEARS OF MY MINISTRY IN THE AREA AND SERIOUSLY IT WOULD BE  
7 DEVASTATING FOR OUR COMMUNITY IF WE LOST MARTIN LUTHER KING  
8 HOSPITAL. OUR COMMUNITY UNDERSTANDS THE NEEDS OF THE C.M.S.,  
9 THAT WE MUST BE SERIOUS ABOUT CORRECTING THE PROBLEMS. THERE  
10 ARE ALWAYS SOME PROBLEMS IN ANYTHING BUT ALL THINGS IS  
11 POSSIBLE THROUGH CHRIST JESUS WHO GIVES US STRENGTH AND I HOPE  
12 THAT WE CAN FIND SOME POSSIBILITIES TO CORRECT THESE PROBLEMS  
13 AND, ABOVE ALL, THAT WE KEEP THIS HOSPITAL OPEN FOR THE  
14 COMMUNITY AND FOR THE PEOPLE IN THE AREA IN WHICH WE SERVE.  
15 THEREFORE, WE SUPPORT THE METRO PLAN AND WE ARE DEDICATED AND  
16 WE WILL SUPPORT IT WITH ALL THAT OUR STRENGTH AND EFFORT THAT  
17 WE POSSIBLY CAN AND WORKING WITH THE BOARD OF SUPERVISORS. AND  
18 WE SERIOUSLY WANT TO THANK CONGRESSWOMAN MAXINE WATERS, THE  
19 BOARD OF SUPERVISORS. WE ALSO WANT TO THANK THESE PASTORS WHO  
20 HAVE COME TODAY TO SHARE WITH YOU. WE HOPE THAT YOU WOULD TAKE  
21 THIS INTO CONSIDERATION AND LET'S KEPT THIS HOSPITAL OPEN AND  
22 LET'S WORK WITH DR. CHERNOFF AND MAKE SURE WE GET THIS JOB  
23 DONE AND MEETING THE NEEDS OF OUR PEOPLE IN THE COMMUNITY AND  
24 NOT DENYING THEM HEALTHCARE WHERE WE LIVE. THANK YOU VERY  
25 MUCH.



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1

2 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

3

4 **SUP. BURKE:** I REALLY HAVE TO SAY ABOUT GRANT A.M.E., THANK YOU  
5 VERY MUCH FOR HELPING US WITH THE HOMELESS.

6

7 **REVEREND LESLIE WHITE:** YES. THANK YOU.

8

9 **SUP. BURKE:** AND SOLVING THAT ISSUE FOR US.

10

11 **REVEREND LESLIE WHITE:** YES.

12

13 **SUP. BURKE:** YOU STEPPED FORWARD WHEN NO ONE ELSE WOULD. THANK  
14 YOU VERY MUCH.

15

16 **REVEREND LESLIE WHITE:** WE THANK YOU VERY MUCH FOR US WORKING  
17 TOGETHER. THAT'S SUCH A BENEFICIAL ACTIVITY.

18

19 **SUP. BURKE:** THANK YOU VERY MUCH. YEAH.

20

21 **SUP. ANTONOVICH, MAYOR:** OKAY. THANK YOU. DID PASTOR MASON  
22 SPEAK YET?

23

24 **REVEREND LESLIE WHITE:** HE'S NOT HERE.

25



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1    **SUP. ANTONOVICH, MAYOR:** HE'S GOING TO BE HERE? OKAY.  
2    COUNCILWOMAN JANICE HAHN. LET ME ALSO CALL UP SILVIA ARGUETA  
3    AND BARBARA SIEGEL AND ELMINA ACKLE. COUNCILWOMAN?  
4  
5    **COUNCILWOMAN JANICE HAHN:** THANK YOU. WHAT YOU HAVE BEFORE YOU  
6    TODAY IS CERTAINLY A PLAN THAT, WHILE WE KNOW IT'S NOT  
7    PERFECT, IS CERTAINLY THE PLAN THAT NEEDS TO BE PUT IN PLACE  
8    TO PROVE THAT WE ARE DOING SOMETHING TO MOVE FORWARD TO  
9    CORRECT THE PROBLEMS AT THE EXISTING FACILITY AND I THINK  
10    YOU'RE GOING TO HEAR MOST OF THE PEOPLE HERE TODAY SUPPORT  
11    THIS PLAN AS THE WAY TO MOVE FORWARD. TODAY I THINK IS GOING  
12    TO BE THE EASIEST STEP TO APPROVE THIS PLAN. I THINK THE REAL  
13    HARD WORK COMES IN NOT ONLY IMPLEMENTING THIS PLAN BUT MAKING  
14    SURE THAT THE PEOPLE THAT THIS PLAN IS MEANT TO SERVE ARE  
15    ALWAYS PUT FIRST AND FOREMOST. I AM SPEAKING TODAY ON BEHALF  
16    OF THE CONSTITUENTS THAT I REPRESENT AS A LOS ANGELES CITY  
17    COUNCIL MEMBER, PARTICULARLY IN SOUTH LOS ANGELES,  
18    PARTICULARLY IN WATTS, AND THEY HAVE EXPRESSED CONCERN TO ME  
19    THAT MANY OF THESE SERVICES THAT ARE BEING MOVED ARE THE ONES  
20    THAT ARE GOING TO BE VERY VITAL TO THEM GETTING QUALITY  
21    HEALTHCARE: HIGH-RISK O.B., PEDIATRICS, NEUROSURGERY, SOME  
22    ORAL SURGERY, NEONATAL INTENSIVE CARE, OPHTHALMOLOGY, CARDIAC  
23    SURGERY. THOSE ARE THE SERVICES THAT MY CONSTITUENTS ARE VERY  
24    CONCERNED ABOUT. AND WHILE I KNOW THIS IS THE PLAN THAT YOU  
25    WILL BE APPROVING TODAY, I THINK FOR ME, THE TWO AREAS THAT



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1 ARE OF GREAT CONCERN, CERTAINLY, ARE TRANSPORTATION. I'VE--  
2 WE'VE HEARD THIS MORNING ABOUT SHUTTLE SERVICE BEING FREQUENT  
3 AND EXTENDED HOURS. I WILL TELL YOU HONESTLY, I THINK THAT IS  
4 WHAT REALLY NEEDS TO BE FLUSHED OUT IS THE TRANSPORTATION  
5 SERVICES. I DON'T THINK FREQUENT AND EXTENDED HOURS IS REALLY  
6 GOING TO BE ADEQUATE, PARTICULARLY FOR THINGS LIKE NEONATAL  
7 INTENSIVE CARE. YOU CAN IMAGINE, IF YOU HAD A CRITICALLY ILL  
8 BABY THAT IS NOW IN TORRANCE AND YOU LIVE IN WATTS, THAT IS  
9 REALLY AN ISSUE THAT I HAVE A GREAT CONCERN ABOUT. A COUPLE OF  
10 YOU SIT ON THE M.T.A. BOARD. MAYBE THIS IS AN OPPORTUNITY TO  
11 LOOK IN TERMS OF A COMPREHENSIVE TRANSPORTATION SOLUTION,  
12 POSSIBLY SOME NEW BUS ROUTES THAT WOULD BE GOING FROM SOUTH  
13 LOS ANGELES TO TORRANCE. I AM PREPARED TO INTRODUCE A MOTION  
14 ON THE CITY COUNCIL TOMORROW THAT WILL ASK OUR DEPARTMENT OF  
15 TRANSPORTATION TO WORK CLOSELY WITH THE COUNTY AND, AGAIN,  
16 MAYBE WORKING ON A COMPREHENSIVE TRANSPORTATION SYSTEM THAT  
17 WILL REALLY ALLOW PEOPLE TO ACCESS THIS HEALTHCARE. IT'S  
18 ALREADY BEEN STATED BUT YOU KNOW THAT THAT WAS THE NUMBER ONE  
19 ISSUE THAT CAME FROM THE MCCONE COMMISSION WAS THE FACT THAT  
20 MANY PEOPLE IN SOUTH LOS ANGELES WERE NOT DYING BECAUSE OF  
21 THEIR ILLNESS OR THEIR INJURY BUT IT WAS BECAUSE OF THE  
22 DISTANCE THEY HAD TO TRAVEL TO ACCESS HEALTHCARE. MANY OF THEM  
23 TELL HORROR STORIES OF GOING TO DOCTOR'S APPOINTMENTS,  
24 SPENDING AN HOUR IN TRANSPORTATION, WAITING AN HOUR TO GET AN  
25 APPOINTMENT. I CAN SEE SOME OF THESE SERVICES, HAVING SOMEONE



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1 FEEL THAT THE TRANSPORTATION OBSTACLE WOULD BE SO GREAT THAT  
2 THEY WOULD JUST NOT MAKE THE APPOINTMENT, WOULD JUST NOT GO  
3 FOR THE APPOINTMENT AND WOULD NOT GET THE HEALTHCARE THAT IS  
4 SO VITAL TO THEM. SO I AM WILLING TO WORK ON THE CITY'S SIDE  
5 TO GET OUR D.O.T. TO WORK TOGETHER WITH YOU. I REALLY THINK,  
6 BEFORE YOU IMPLEMENT THIS, YOU NEED A COMPREHENSIVE  
7 TRANSPORTATION SYSTEM WHERE THE RESIDENTS OF SOUTH LOS ANGELES  
8 CAN TRULY FEEL LIKE THEY CAN, AT ANY HOUR OF THE DAY OR NIGHT,  
9 ACCESS THE HEALTHCARE THAT IS THEIR RIGHT. I'M ALSO CONCERNED  
10 ABOUT NOTIFICATION ABOUT WHERE THESE SERVICES WILL BE GIVEN.  
11 WE'VE TALKED THIS MORNING ABOUT SEVERAL HOSPITALS IN THE AREA  
12 BESIDES HARBOR-U.C.L.A. I'M VERY CONCERNED THAT PEOPLE ARE NOT  
13 GOING TO GET THE MESSAGE ON WHERE THESE HEALTH SERVICES ARE  
14 BEING GIVEN AND THAT IS THE CRUX OF I BELIEVE WHAT THIS  
15 HEARING IS ALL ABOUT, IS MAKING SURE THAT PEOPLE KNOW WHERE  
16 THESE SERVICES ARE BEING GIVEN. I THINK YOU'VE GOT A GREAT  
17 NETWORK WITH OUR CHURCHES, YOU'VE GOT A GREAT LEADERSHIP IN  
18 OUR PASTORS AND OUR MINISTERS, I THINK YOU WOULD DO WELL TO  
19 WORK WITH THE CHURCHES, ALLOW THEM TO COMMUNICATE WITH THEIR  
20 CONGREGATION ON THESE DIFFERENT SERVICES AND WHERE THEY'RE  
21 ACCESSED. I WOULD ALSO LIKE YOU TO CERTAINLY WORK WITH THE  
22 CITY'S HOUSING AUTHORITY. MANY OF THE PEOPLE WHO LIVE IN OUR  
23 PUBLIC HOUSING DEVELOPMENTS ARE THOSE WHO PROBABLY ARE THE  
24 ONES WITHOUT TRANSPORTATION AND WILL NEED THESE SERVICES THE  
25 BEST. AND, AGAIN, I'M CONCERNED THAT THEY WILL NOT KNOW WHEN



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1    THEY HAVE A HEALTHCARE NEED WHERE THAT SERVICE IS NOW BEING  
2    GIVEN, SO I WOULD ASK THAT YOU WOULD DO THOSE TWO THINGS. AND,  
3    AS FOR THE NAME, I WILL ALSO GO ON RECORD, I REMEMBER THE DAY  
4    WELL AFTER MY FATHER PUT THE CALL INTO CORRETA SCOTT KING,  
5    AFTER MARTIN LUTHER KING, JR., WAS ASSASSINATED. AND, AT THAT  
6    TIME, THE HOSPITAL WAS WELL UNDER WAY TO BE BUILT. AND HE  
7    SAID, "MRS. KING, I'M NOT SURE YOU KNOW WHO I AM BUT..." AND  
8    SHE STOPPED HIM AND SAID, "OH, NO, I KNOW WHO YOU ARE. WHEN MY  
9    MARTIN CAME BACK FROM LOS ANGELES, HE COULDN'T STOP TALKING  
10    ABOUT HOW KIND YOU WERE TO HIM WHEN HE WAS IN LOS ANGELES,"  
11    AND MY FATHER SAID, "WE WOULD BE SO HONORED IF WE WOULD NAME  
12    THIS HOSPITAL AFTER YOUR HUSBAND, MARTIN LUTHER KING, JR.  
13    MEDICAL CENTER." SHE CAME FOR THE GROUNDBREAKING. SHE SAID IT  
14    WAS A GREAT HONOR TO THAT FAMILY. MANY OF HER CHILDREN STILL  
15    SPEAK ABOUT THE HOSPITAL BEARING THEIR FATHER'S NAME. I'M NOT  
16    CONVINCED THAT THE PLAN OR ANY REQUIREMENT TO PROVE THAT WE  
17    ARE MOVING FORWARD HAS TO INCLUDE A NAME CHANGE. I THINK IT'S  
18    SORT OF A SYMBOL TO SAY HARBOR-U.C.L.A., MARTIN LUTHER KING AS  
19    A WAY TO SHOW THAT WE'RE MOVING FORWARD BUT I THINK THIS PLAN  
20    HAS ENOUGH CONCRETE STEPS IN IT TO PROVE THAT WE ARE MAKING  
21    STEPS FORWARD, WE ARE MAKING CORRECTIONS. SO I THINK IT WOULD  
22    ADD INSULT TO INJURY TO CHANGE THE NAME OF THIS HOSPITAL TO  
23    HARBOR MARTIN LUTHER KING, WHETHER IT'S ON THE FRONT END OR  
24    THE BACK END. SO I THINK IF YOU COULD RE-LOOK AT THAT AND SEE  
25    IF THAT REALLY IS A CRITICAL POINT IN SOME WAY TO PROVE THAT





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1 WE ARE MAKING THE STEPS TO MOVE FORWARD. I THINK THAT WOULD BE  
2 A HUGE STEP TO THIS COMMUNITY IN HONOR OF DR. KING. I HOPE  
3 THAT TODAY'S PLAN WILL LEAD US BACK TO THE FULL SERVICE  
4 HOSPITAL THAT THIS COMMUNITY DESERVES TO HAVE, INCLUDING THE  
5 LEVEL 1 TRAUMA CENTER, WHICH WAS CLOSED ALMOST TWO YEARS AGO  
6 AND PROMISED TO REOPEN AS SOON AS POSSIBLE. THAT NEEDS TO BE  
7 DONE. THANK YOU VERY MUCH. [ APPLAUSE ]

8

9 **SUP. ANTONOVICH, MAYOR:** JUST WAVE YOUR HANDS. [ GAVEL ]

10

11 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

12

13 **SUP. BURKE:** DR. CHERNOFF, COUNCILWOMAN HAHN? DR. CHERNOFF CAN  
14 SHARE WITH YOU THE PRESENT TRANSPORTATION PLAN THAT HE-- WERE  
15 YOU HERE WHEN HE DESCRIBED IT?

16

17 **COUNCILWOMAN JANICE HAHN:** YES.

18

19 **SUP. BURKE:** OKAY. ALL RIGHT.

20

21 **SUP. ANTONOVICH, MAYOR:** JUST GIVE YOUR NAME FOR THE RECORD.

22

23 **SILVIA ARGUETA:** GOOD MORNING. SILVIA ARGUETA WITH THE LEGAL  
24 AID FOUNDATION OF LOS ANGELES. NEIGHBORHOOD LEGAL SERVICES OF  
25 LOS ANGELES COUNTY, THE LEGAL AID FOUNDATION OF LOS ANGELES



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1 AND THE ASIAN/PACIFIC AMERICAN LEGAL CENTER SUBMIT THIS RECORD  
2 TODAY WHICH CONSISTS OF EIGHT VOLUMES, ONE ADDENDUM, FOR THE  
3 BEILENSON RECORD. WE SUBMIT THIS RECORD WITH THE INTENT OF  
4 WORKING COLLABORATIVELY WITH BOTH THE BOARD AND THE DEPARTMENT  
5 OF HEALTH SERVICES ON ISSUES WE CONSIDER ESSENTIAL TO ANY  
6 REORGANIZATION OF THE CARE DELIVERED AT K.D.M.C. AND  
7 THROUGHOUT THE COUNTY OF LOS ANGELES. THE RECORD INCLUDE  
8 DECLARATIONS FROM INDIVIDUALS WHO RECEIVED CARE AT KING/DREW  
9 MEDICAL CENTER, AS WELL AS COMMUNITY MEMBERS AND MEDICAL  
10 PROFESSIONALS WHO ARE CONCERNED ABOUT HOW THE COUNTY HEALTH  
11 SYSTEM WILL MEET THE NEEDS OF THE SOUTH L.A. COMMUNITY UNDER  
12 THE METROCARE PLAN. WHILE WE UNDERSTAND THAT TRANSPORTATION  
13 WILL BE PROVIDED, AS WAS DISCUSSED EARLIER TODAY, WE ARE  
14 SUBMITTING DECLARATIONS FROM INDIVIDUALS WHO ARE IMMEDIATELY  
15 AFFECTED BY THE PROPOSED METROCARE PLAN. FOR INSTANCE, JENNY  
16 ARCHINEGA, A MOTHER OF THREE SMALL CHILDREN, DECLARES THAT SHE  
17 HAS NO CAR AND RELIES ENTIRELY ON PUBLIC TRANSPORTATION. HER  
18 THREE-YEAR-OLD SON WAS HOSPITALIZED AT K.D.M.C. JUST LAST  
19 WEEK. MISS ARCHINEGA HAS TWO OTHER CHILDREN WHO ALSO REQUIRE  
20 HER MOTHERING AND ATTENTION. THE TRAVEL TIME BY BUS TO AND  
21 FROM HARBOR WOULD HAVE MEANT THAT MS. ARCHINEGA WOULD HAVE TO  
22 CHOOSE BETWEEN BEING PRESENT FOR HER SON IN THE HOSPITAL OR  
23 BEING WITH HER DAUGHTERS. MARIA BARRERA, ANOTHER DECLARATION  
24 THAT IS SUBMITTED, IS A SINGLE MOTHER OF TWO CHILDREN, AGES 12  
25 AND 7. BOTH CHILDREN HAVE MICROCEPHALY AND CEREBRAL PALSY.



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1 BOTH ARE NON-VERBAL AND USE WHEELCHAIRS. ONE CHILD IS BLIND  
2 AND THE OTHER ONE IS NEAR BLIND WITH A HEARING IMPAIRMENT.  
3 WHEN K.D.M.C. REDUCED SOME OF ITS SERVICES SEVERAL YEARS AGO,  
4 MS. BARRERA HAD TO TAKE HER OLDER SON TO HARBOR-U.C.L.A.  
5 MEDICAL CENTER FOR TREATMENT. IT TOOK HER THREE BUSES TO MAKE  
6 THE TRIP. BECAUSE MISS BARRERA IS OFTEN REQUIRED TO BRING BOTH  
7 CHILDREN WITH HER, SHE MUST TRANSPORT AND MANEUVER TWO  
8 WHEELCHAIRS FOR EACH TRIP TO HARBOR U.C.L.A. SHE BARRERA FEARS  
9 THAT THE HEALTH AND WELLBEING OF HER FAMILY WILL BE PLACED IN  
10 JEOPARDY BECAUSE OF THE LACK OF ACCESS TO CARE AT K.D.M.C. AND  
11 IN SOUTH L.A. THE RECORD ALSO INCLUDES TESTIMONY REGARDING THE  
12 NEED FOR EXPANDED ACCESS TO AMBULATORY AND COMMUNITY LEVEL  
13 CARE AS PART OF THE METROCARE PLAN. THE RESIDENTS OF SOUTH  
14 L.A. USE THE K.D.M.C. EMERGENCY ROOM AS A SOURCE OF PRIMARY  
15 CARE BECAUSE THEY HAVE NO OTHER SOURCE-- NO OTHER ACCESS TO  
16 SERVICES. WE ARE SUBMITTING A DECLARATION FROM THE SOUTH SIDE  
17 COALITION OF COMMUNITY HEALTH CENTERS ALONG WITH THE STUDY THE  
18 CENTERS CONDUCTED IN 2005. THE STUDY DETERMINED THAT PATIENTS  
19 IN SOUTH L.A. CAN EXPECT TO WAIT ANYWHERE FROM SIX MONTHS TO  
20 WELL OVER ONE YEAR TO ACCESS VARIOUS SPECIALTY SERVICES AT  
21 COUNTY FACILITIES. DR. ROBERT TRANKATTA SUBMITS A DECLARATION  
22 THAT ECHOES THE CENTER'S SENTIMENTS BY STATING THAT, WITHOUT  
23 ENHANCED ACCESS TO PRIMARY AND SPECIALTY CARE, UNINSURED  
24 INDIVIDUALS IN SPA 6 WILL CONTINUE TO USE THE M.L.K. EMERGENCY  
25 ROOM AS A SOURCE OF AMBULATORY CARE.



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1

2 **BARBARA SIEGEL:** GOOD MORNING. BARBARA SIEGEL FROM NEIGHBORHOOD  
3 LEGAL SERVICES. LOS ANGELES COUNTY IS MANDATED TO PROVIDE  
4 MEDICALLY NECESSARY SERVICES TO INDIGENT COUNTY RESIDENTS,  
5 INCLUDING NONEMERGENCY SERVICES ON A PROMPT AND HUMANE BASIS.  
6 THE PROPOSED METROCARE PLAN CURRENTLY INVOLVES THE ELIMINATION  
7 OF A SIGNIFICANT PORTION OF THE COUNTY'S INPATIENT MEDICAL  
8 SERVICES IN THE SERVICE PLANNING SIX AREA, THREATENING THE  
9 PROVISION OF MEDICALLY NECESSARY SERVICES TO THE MOST DISEASED  
10 BURDENED, MOST POVERTY STRICKEN AND MOST UNDERSERVED RESIDENTS  
11 OF THIS COUNTY. THE RECORD WE'RE SUBMITTING TODAY WILL  
12 DEMONSTRATE THAT THE SPA 6 AREA HAS A DISPROPORTIONATE SHARE  
13 OF DISEASE BURDEN WHEN COMPARED WITH THE REMAINING AREAS IN  
14 LOS ANGELES COUNTY. SPA 6, IN WHICH KING/DREW IS LOCATED, HAS  
15 THE HIGHEST PROPORTION OF INDIVIDUALS BELOW 200% OF THE  
16 FEDERAL POVERTY LEVEL. MOREOVER, DESPITE HAVING THE LOWEST  
17 ACUTE HOSPITAL BEDS PER THOUSAND POPULATION, THE RECORD WILL  
18 DEMONSTRATE THAT SPA 6 HAS THE HIGHEST PERCENTAGE OF OBESE  
19 ADULTS, ADULTS WITH PERCEIVED HEALTH STATUS AS POOR, UNINSURED  
20 ADULTS, UNINSURED CHILDREN, BIRTH WITH NO PRENATAL CARE AND  
21 ADULTS WITH HYPERTENSION. IN ADDITION, SPA 6 HAS THE SECOND  
22 HIGHEST PERCENTAGE OF ADULTS WITH DIABETES. BASED UPON THESE  
23 STATISTICS, WE BELIEVE THAT THE COUNTY MUST CONTINUE TO OFFER  
24 INPATIENT SERVICES IN THE RELEVANT GEOGRAPHIC AREA AS OPPOSED  
25 TO TRANSFERRING INDIGENT PATIENTS TO HARBOR U.C.L.A. OR OLIVE



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1 VIEW MEDICAL CENTER. THE TRANSPORT ALONE MAY DETRIMENTALLY  
2 AFFECT PATIENT OUTCOME, AS EVIDENCED BY SCIENTIFIC ARTICLES  
3 AND EXPERT DECLARATIONS THAT WE ARE SUBMITTING AS PART OF THIS  
4 RECORD. WE ARE ALSO CONCERNED THAT THE PLACEMENT OF MEDICAL  
5 SURGICAL BEDS AT RANCHO WILL DIVERT RANCHO FROM ITS  
6 REHABILITATION MISSION. IF HOSPITAL BEDS ARE OPENED AND  
7 PATIENTS ARE TRANSFERRED TO RANCHO UNDER THE METROCARE PLAN,  
8 THE TRANSFERRED PATIENT SHOULD FIT WITHIN RANCHO'S MISSION  
9 SUCH AS PATIENTS SUFFERING WITH STROKES OR WITH ORTHOPEDIC  
10 DIABETES MANAGEMENT PROBLEMS. WE ARE CONCERNED THAT THE  
11 PLACEMENT OF GENERAL MEDICAL SURGICAL PATIENTS WILL JEOPARDIZE  
12 RANCHO'S ATTRACTIVENESS FOR A TAKEOVER ENTITY. WE ARE EQUALLY  
13 CONCERNED THAT TRANSFERRING PATIENTS TO OLIVE VIEW 41 MILES  
14 AWAY FROM THEIR HOMES IN SOUTH LOS ANGELES WILL BE INEFFICIENT  
15 AND WILL NEGATIVELY IMPACT FULL RECOVERY. WE ARE SUBMITTING  
16 DECLARATIONS BY DOCTOR LYNN YONIKURA AND DR. CAROLINA REAS,  
17 BOTH PARANATOLOGY PHYSICIANS WHO EXPRESSED CONCERN THAT HARBOR  
18 U.C.L.A. WILL NOT BE ABLE TO ABSORB THE NEONATAL INTENSIVE  
19 CARE UNIT PATIENT LOAD FROM KING/DREW MEDICAL CENTER. WE ARE  
20 CERTAINLY ENCOURAGED THAT THE COUNTY INTENDS TO CONTRACT WITH  
21 PRIVATE HOSPITALS WITHIN A FIVE TO 10 MILE RADIUS OF KING/DREW  
22 MEDICAL CENTER TO REPLACE THE BEDS TO BE LOST UPON  
23 IMPLEMENTATION OF METROCARE. HOWEVER, IN THE EVENT THAT LOCAL  
24 HOSPITALS ARE UNABLE TO BRING UP AVAILABLE BEDS OR THE BEDS  
25 ARE NOT AVAILABLE IMMEDIATELY WITHIN THE RANCHO OR OLIVE VIEW



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1 SYSTEM, DR. TRANKATTA, IN HIS DECLARATION WE'RE SUBMITTING  
2 TODAY, SUGGESTS THAT THE COUNTY COULD TEMPORARILY INCREASE THE  
3 NUMBER OF STAFFED BEDS, INPATIENT BEDS AT L.A. COUNTY USC IN  
4 AN EFFORT TO DECOMPRESS KING/DREW. WE ARE HOPEFUL THAT THERE  
5 WILL BE A SMOOTH TRANSITION WITH SPECIAL CARE TAKEN TO MEET  
6 THE COUNTY'S OBLIGATIONS UNDER WELFARE AND INSTITUTIONS CODE  
7 17000, 17001 AND 10000 AND THAT THE COUNTY'S STRATEGIC PLAN  
8 INCLUDES THE RESTORATION OF COMPREHENSIVE AND ACUTE HOSPITAL  
9 SERVICES THAT MEET THE NEEDS OF THE COMMUNITY IN THIS VERY  
10 UNDERSERVED AREA. THE PLANS FOR THE NEW METROCARE SYSTEM MUST  
11 NOT BE BASED ON ARTIFICIALLY LOW CENSUS AND SERVICE DATA THAT  
12 HAVE BEEN GENERATED BY THE SYSTEMATIC DISMANTLING OF KING/DREW  
13 IN RECENT YEARS. WE AGAIN STRESS THAT WE SUBMIT THIS RECORD  
14 WITH THE FULL INTENTION OF WORKING WITH THE DEPARTMENT OF  
15 HEALTH SERVICES TO SUCCESSFULLY MAINTAIN AND RESTORE FULL  
16 SERVICES IN THE SPA 6 AREA. THANK YOU.

17  
18 **SUP. YAROSLAVSKY:** CAN I JUST ASK A QUESTION?

19  
20 **SUP. ANTONOVICH, MAYOR:** SUPERVISOR.

21  
22 **SUP. YAROSLAVSKY:** MAYBE I MISUNDERSTOOD. I THOUGHT YOU WERE  
23 BEING CRITICAL OF THE CONCEPT OF TREATING PATIENTS AT HARBOR-  
24 U.C.L.A., WHICH IS 7 MILES AWAY, BUT YOU JUST CITED A  
25 DECLARATION BY DR. TRANKATTA THAT WE SHOULD ADD MORE BEDS TO





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1 COUNTY-U.S.C. TO HELP DECOMPRESS KING/DREW MEDICAL CENTER,  
2 WHICH IS A LOT FARTHER AWAY THAN HARBOR. CAN YOU RECONCILE  
3 THAT FOR ME?

4

5 **BARBARA SIEGEL:** WE HAVE DECLARATIONS FROM DR. YANAKURRA AND  
6 DR. CAROLINA REAS WHO DO NOT BELIEVE THAT THE PEDIATRIC  
7 REPLACEMENTS AT HARBOR ARE GOING TO MEET THE CAPACITY THAT'S  
8 GOING TO BE NECESSARY, SO THE SUGGESTION IS THAT WE COULD,  
9 INSTEAD OF USING OLIVE VIEW, USE L.A. COUNTY USC. IT'S CLOSER  
10 THAN OLIVE VIEW.

11

12 **SUP. YAROSLAVSKY:** NO, I THOUGHT YOU WERE CRITICAL OF THE  
13 HARBOR. FORGET OLIVE VIEW. I UNDERSTAND OLIVE VIEW. BUT I  
14 THOUGHT YOU SAID THAT EVEN THE TRANSPORT OF PEOPLE FROM KING  
15 TO HARBOR, THAT YOU HAVE TESTIMONY-- DECLARATIONS IN YOUR  
16 EIGHT VOLUMES THAT SUGGEST THAT THAT WOULD DIMINISH POSITIVE  
17 OUTCOMES.

18

19 **BARBARA SIEGEL:** WE DO. ACTUALLY, I BELIEVE THAT DR. REAS HAS  
20 AN EXAMPLE IN HER DECLARATION OF SOME INDIVIDUALS THAT THE  
21 TRANSPORT TIME TO HARBOR WAS CRITICAL.

22

23 **SUP. YAROSLAVSKY:** SO WHY WOULD YOU TOUT A DECLARATION FROM BOB  
24 TRANKATTA THAT SUGGESTS NOT ADDING MORE BEDS OR COMMISSIONING  
25 MORE BEDS AT HARBOR, WHICH IS CLOSER, RATHER COMMISSION MORE



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1 BEDS AT COUNTY USC, WHICH IS THREE TIMES FARTHER AWAY, IF NOT  
2 MORE?

3

4 **BARBARA SIEGEL::** WE WOULD PREFER TO SEE THE BEDS STAY IN THE  
5 COMMUNITY, SO BY CONTRACTING OR BY USING HARBOR, THAT'S  
6 PREFERABLE. THE CONCERN IS IF WE CAN'T BRING THOSE BEDS UP IN  
7 TIME, WHAT ARE WE GOING TO DO? AND ONE OF THE PLACES TO  
8 RELIEVE SOME STRESS MIGHT BE TO OPEN UP BEDS AT L.A. COUNTY  
9 USC. IT'S NOT TO USE L.A. COUNTY USC IN PLACE OF HARBOR, IT'S  
10 THE CONCERN THAT WE MIGHT NOT BE ABLE TO MEET THE NEEDS AT  
11 HARBOR.

12

13 **SUP. YAROSLAVSKY:** IS YOUR CLIENT OR CLIENTS SUPPORTING THIS  
14 PLAN, GENERALLY?

15

16 **BARBARA SIEGEL:** WE SUPPORT THE PLAN THAT MAINTAINS KING/DREW  
17 MEDICAL CENTER OPEN, THAT RESTORES IT TO A QUALITY HOSPITAL  
18 AND THEN EVENTUALLY RETURNS IT TO ITS FULL CAPACITY.

19

20 **SUP. YAROSLAVSKY:** ARE YOU SUPPORTING THE METROCARE PLAN AS  
21 DESCRIBED GENERALLY, NOT EVERY "T" AND "I" BUT GENERALLY DR.  
22 CHERNOFF'S PLAN AS HAS BEEN APPROVED BY THE BOARD  
23 CONCEPTUALLY?

24



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1 **BARBARA SIEGEL:** CONCEPTUALLY, WITH THE TWEAKS THAT WE REALLY  
2 BELIEVE THAT THE CARE SHOULD STAY WITHIN THE AREA THAT MARTIN  
3 LUTHER KING SERVES SO THAT THE FIRST PREFERENCE WOULD BE TO  
4 CONTRACT LOCALLY.

5

6 **SUP. YAROSLAVSKY:** I THINK WE ALL AGREE WITH THAT. I THINK WE  
7 ALL AGREE WITH THAT. ALL RIGHT.

8

9 **ELENA ACKEL:** I'M ELENA ACKEL WITH LEGAL AID. WE DO SUPPORT THE  
10 PLAN BUT WE DON'T KNOW EXACTLY WHAT'S HAPPENING WITH THE  
11 PSYCHIATRIC ELEMENT OF THE PLAN AT PRESENT TIME BECAUSE WE GOT  
12 WORD THAT INGLESIDE IS BEING CLOSED DOWN IN PREPARATION OF  
13 TRANSFERRING ADOLESCENTS THERE. WE DON'T KNOW WHAT IS  
14 HAPPENING BUT CURRENTLY COUNTY USC HAS BEEN CITED FOR THE E.R.  
15 OVERCROWDING FOR THE PSYCHIATRIC EMERGENCY ROOM. THIS PLAN  
16 CONTEMPLATES THE CLOSURE OF THE EMERGENCY ROOM AT MARTIN  
17 LUTHER KING AND WE THINK THAT WILL HAVE AN IMPACT BECAUSE A  
18 LOT OF THE 5150 CANDIDATES ARE TAKEN TO KING AND IT DOESN'T--  
19 WE HAVEN'T SEEN ANYTHING IN THE PLAN THAT WOULD INDICATE THAT  
20 THE URGENT CARE CENTER WOULD HAVE THE CAPACITY TO SEE THE 5150  
21 CANDIDATES THAT ARE BROUGHT BY THE POLICE AND WE DON'T WANT  
22 THEM TO INCREASE COUNTY USC BECAUSE COUNTY USC IS A VERY SMALL  
23 PSYCHIATRIC E.R. IT'S ONLY EIGHT BEDS AND THERE'S FREQUENTLY  
24 OVER 20 PATIENTS THERE. AND, WHEN YOU LOOK AT THE STATISTICS,  
25 YOU'LL FIND THAT THE PSYCHIATRIC BED UNIT OF COUNTY USC AND



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1 THE OTHER HOSPITALS ARE THE MOST FULL OF ANY. SO IT SEEMS LIKE  
2 THERE SHOULD BE A VERY CAREFUL PLAN ABOUT REDUCING THE E.R.,  
3 THAT IT SHOULDN'T IMPACT THE E.R., THE PSYCHIATRIC E.R. AT  
4 HARBOR OR COUNTY USC AND ALSO, ALTHOUGH WE HAVEN'T SEEN IT IN  
5 WRITING, WE'VE HEARD FROM THE STAFF THAT THEY WILL MAINTAIN  
6 THE NUMBER OF BEDS BUT THEY ARE GOING TO INCREASE THE  
7 ADOLESCENT BEDS, WHICH I THINK IS LAUDABLE, BUT AT THE EXPENSE  
8 OF THE ADULT BEDS, WHICH ARE ALSO OVERCROWDED. AND I THINK  
9 THAT WOULD BE A MISTAKE. I THINK IT WOULD BE NECESSARY TO ADD  
10 BEDS, IN THAT CASE, IF THEY WANT MORE ADOLESCENT BEDS, BECAUSE  
11 MOST OF THE PEOPLE, ABOUT 70%, DO HAVE INSURANCE AND, BECAUSE  
12 OF THE OVERCROWDING AT COUNTY USC, AS A RESULT, WHAT HAS  
13 HAPPENED IS, LIKE, THEY GET ADMINISTRATIVE DAYS, THEY CAN'T  
14 GET PAID FOR MEDI-CAL BECAUSE, BY THE TIME THEY GET OUT OF THE  
15 EMERGENCY ROOM AND INTO THE BED, THEY DON'T NEED ACUTE  
16 HOSPITAL CARE AND THEY DON'T HAVE A STEP-DOWN UNIT. SO I THINK  
17 IT'S VERY IMPORTANT THAT YOU NOT DILUTE ANY OF THE PSYCHIATRIC  
18 CARE BECAUSE IT'S SO IMPORTANT TO MAINTAIN IT. AND IF YOU  
19 COULD GET THE PEOPLE INTO BED, YOU'LL ACTUALLY GET PAID FOR  
20 THAT BED. THE OTHER THING THAT I THINK THAT NEEDS TO BE  
21 ADDRESSED IS THERE'S NO INCREASE IN BEDS IMMEDIATELY AT HARBOR  
22 BUT YOU ARE TRANSFERRING A LOT OF THE SPECIALTY SERVICES  
23 THERE. AND SO I DON'T KNOW, YOU KNOW, BUT IT SEEMS LIKE THAT'S  
24 ADDITIONAL DUTIES AND THEY NEED TO HAVE ADDITIONAL BEDS AT  
25 HARBOR TO HANDLE THOSE PATIENTS, AT LEAST IN THE TRANSITION.



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1 AND WITH RESPECT TO THE 41 BEDS AT OLIVE VIEW, I REALLY THINK  
2 THAT'S A NONSTARTER BECAUSE WE HAD COMPLAINTS FROM THE  
3 EMERGENCY ROOM AT COUNTY USC AND WE VERIFIED IT WITH COUNTY  
4 USC THAT THEY ARE UNABLE TO GET THE SICKEST OF THE SICK  
5 PATIENTS THAT ARE BOARDED IN THEIR EMERGENCY ROOM TO GO TO  
6 OLIVE VIEW, EVEN THOUGH THERE'S A BED AT OLIVE VIEW AND THEY  
7 MAY BE WAITING DAYS AT COUNTY USC. EVEN UNDER THOSE TRYING  
8 CIRCUMSTANCES, THEY CANNOT GET PEOPLE TO GO FROM COUNTY USC TO  
9 OLIVE VIEW. I THINK YOU'RE GOING TO HAVE THE SAME TROUBLE. I  
10 THINK THE ONLY POSSIBILITY OF FILLING OLIVE VIEW BEDS IF YOU  
11 WOULD MODIFY THE NO TRANSFER POLICY FROM PRIVATE HOSPITALS, SO  
12 IT WOULD BE THERE OR NOTHING, ESSENTIALLY. BUT I THINK THAT'S  
13 THE ONLY WAY THAT OLIVE VIEW BEDS CAN BE IN THE MIX HERE. AND  
14 ANOTHER THING THAT I THINK IS SO IMPORTANT, THAT THE BEDS THAT  
15 ARE CURRENTLY BEING OPENED UP AT RANCHO, THAT THERE'S SO MANY  
16 PEOPLE IN THE KING CATCHMENT AREA THAT NEED THE SERVICES THAT  
17 ARE IN THEIR PROTOCOL, THEIR NEUROLOGICAL SERVICES, THE  
18 ALZHEIMER, THE POST-STROKE, ALL THOSE SHOULD BE THE FIRST  
19 PEOPLE THAT ARE PUT INTO THE FIRST 24 BEDS AT RANCHO AND THEN-  
20 - AND TO TRY TO MOLD AROUND THE EXISTING POPULATION THAT NEEDS  
21 SERVICES FROM KING TO THE CENTER OF EXCELLENCE THAT THERE ARE  
22 AT RANCHO LOS AMIGOS SO THAT WE WOULD BE BETTER INTEGRATED  
23 INTO THE ENTIRE PLAN. AND, WHEN WE LOOK AT THE PLAN, WE  
24 UNDERSTAND THE REASON FOR THE DOWNSIZING BUT, AFTER THE  
25 TRANSITION, THIS IS A POPULATION THAT IS WITHOUT ENOUGH



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1 SERVICES FOR BOTH THE BEDS AND SPECIALTY CARE, SO THERE NEEDS  
2 TO BE A GRADUAL INCREASE IN THE NUMBER OF BEDS AVAILABLE SO  
3 THE PEOPLE WOULD HAVE AN OPPORTUNITY TO GET CARE. THANK YOU.

4

5 **SUP. ANTONOVICH, MAYOR:** THANK YOU. THANK YOU VERY MUCH. OKAY.  
6 WE HAVE A NUMBER OF PEOPLE WHO HAVE SIGNED UP, PROBABLY ABOUT  
7 50. WE LIMIT YOU TO TWO MINUTES EACH AND THE TIMER WILL COME  
8 ON AND THEN YOU WILL CONCLUDE WHEN YOU SEE THE YELLOW LIGHT.  
9 IF YOU WANT TO GIVE YOUR TIME TO SOMEBODY ELSE TO SPEAK FOR  
10 YOU, THAT'S APPROPRIATE AS WELL. CELES KING, DR. CLAVREUL,  
11 MARCIA YANICO. WE NEED A TRANSLATOR. AND SALVADOR MEDINA. GOOD  
12 MORNING, CELES.

13

14 **CELES KING IV:** GOOD MORNING. FIRST OFF, I AM IN ACCORD WITH  
15 THE METRO PROGRAM AS FAR AS-- WELL, NOT IN TOTALITY BUT  
16 UNDERSTANDING THAT IT'S A NECESSARY FACTOR TO BE ABLE TO-- YOU  
17 KNOW, TO KEEP SOME SEMBLANCE OF SERVICE OUT THERE IN THE SOUTH  
18 CENTRAL COMMUNITY. I THINK, THOUGH, THAT WHAT WE REALLY NEED  
19 TO LOOK AT IS PROBABLY A MUCH BIGGER PICTURE. I THINK WE  
20 REALLY NEED TO LOOK AT THE WHOLE COUNTY HEALTHCARE SYSTEM. I  
21 THINK THAT MAYBE NOW WOULD BE A GOOD TIME, WHILE THIS  
22 IMPLEMENTATION PROCESS IS GOING ON, THAT WE BEGIN TO CONSIDER  
23 THE IDEA OF SOME SORT OF AN AUTONOMOUS HEALTH AUTHORITY. I  
24 THINK THAT, IF WE DON'T, WHAT WE'RE GOING TO END UP WITH IS  
25 WE'RE GOING TO END UP WITH AN AMBULATORY CARE SYSTEM OUT THERE





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1 AT KING/DREW. I THINK THAT THAT'S GOING TO HAVE VERY, VERY  
2 TERRIBLE IMPACT ON THE COUNTY AS A WHOLE. I THINK THAT THE  
3 METRO PLAN PROVIDES KIND OF AN UMBRELLA APPROACH WHICH GIVES  
4 YOU A BEGINNING OF A SEMBLANCE OF MAYBE LOOKING AT CREATING AN  
5 AUTHORITY, BECAUSE, IN A WAY, THIS IS THE BEGINNING OF THE  
6 SHAPE OF ONE. WHEN I TALK ABOUT A HEALTH AUTHORITY, I'M  
7 TALKING ABOUT ONE THAT ACTUALLY HAS CONTROL, YOU KNOW, ALL THE  
8 DELIVERY OF SERVICES, THE FINANCIAL IMPACT AND JUST TOTAL  
9 GOVERNANCE. I THINK THAT, IF WE LOOK AT THE CIVIL SERVICE-- I  
10 MEAN THE CIVIL GRAND JURY REPORT THAT CAME OUT, I THINK THAT  
11 THAT SHOWS THAT THERE IS A REAL NEED TO HAVE A KIND OF AN  
12 AUTONOMOUS GROUP THAT WOULD RUN HEALTHCARE SYSTEMS WHICH WOULD  
13 BE ABLE TO PLAN FOR THIS ENTIRE COUNTY. AS WE'RE GOING RIGHT  
14 NOW, WE SPEND ABOUT \$3.2 BILLION A YEAR IN THIS COUNTY AND  
15 WE'VE GOT A POPULATION OF ABOUT 10 MILLION. I THINK THAT WE  
16 CAN MORE EFFECTIVELY PUT THOSE DOLLARS TOGETHER IF WE PUT IT  
17 UNDER THE CONTROL OF A HEALTH AUTHORITY. I WOULD LIKE TO  
18 COMMEND THE BOARD FOR ITS WORK AND HOW EFFECTIVELY THEY  
19 BROUGHT THIS THING TOGETHER. THANK YOU VERY MUCH.

20

21 **SUP. ANTONOVICH, MAYOR:** THANK YOU, CELES. YES, DOCTOR?

22

23 **DR. GENEVIEVE CLAVREUL:** YES. GOOD MORNING. DR. GENEVIEVE  
24 CLAVREUL. YOU KNOW, I'M ALWAYS AMAZED THAT THOSE BEILENSEN  
25 HEARINGS ARE TO BRING INFORMATION SO THE DECISION CAN BE MADE



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1 WITH KNOWLEDGE. IT WAS OBVIOUS FROM THIS MORNING BEGINNING  
2 THAT DR. CHERNOFF WAS NOT INTERESTED, YOU KNOW, DON'T BOTHER  
3 ME WITH THE FACTS, I'VE ALREADY TAKEN MY DECISION AND IT'S  
4 OBVIOUS THAT, AS USUAL, THE INPUT OF THE PUBLIC DOES NOT  
5 MATTER, THE DECISION HAS ALREADY BEEN MADE. AND IT'S VERY SAD  
6 TO SEE THAT STATE OF AFFAIRS. NOBODY MENTIONED, ON THAT HUGE  
7 ISSUE, WHICH TEAM WILL BE IN CHARGE OF THAT MERGER AND WE ARE  
8 TALKING ABOUT A MERGER OF TWO HOSPITALS. AT NO TIME THERE IS A  
9 PLAN ON HOW IT'S GOING TO BE ACTUALLY DONE AND THAT REALLY  
10 CONCERNS ME. YOU HAVE NOT MADE ANY SPECIFIC PLAN ON THE HOW TO  
11 AND WHICH TEAM IS GOING TO BE TRULY IN CHARGE AND THAT'S A  
12 VERY IMPORTANT POINT. AS FOR THE HEALTH AUTHORITY, I TOTALLY  
13 CONCUR, SINCE I WAS THE ONE WHO FILED THE REQUEST FOR THE  
14 GRAND JURY TO ASSESS THE SITUATION IN L.A. COUNTY AND  
15 RECOMMENDED A HEALTH AUTHORITY. I THINK THE TIME HAS COME. I  
16 MEAN, THIS COUNTY, WHEN IT COME FROM A HEALTHCARE POSITION, IS  
17 IN SHAMBLE AND ALL WE ARE DOING NOW IS A STOPGAP AND I THINK  
18 THAT YOU'RE GOING TO APPROVE THE PLAN NO MATTER WHAT BUT I  
19 THINK I WOULD LIKE TO SEE A MUCH MORE PRECISE WAY OF HOW IT'S  
20 GOING TO BE ACCOMPLISHED. A LOT OF QUESTIONS ARE TOTALLY NOT  
21 ANSWERED IN THAT PLAN. THANK YOU.

22  
23 **SUP. ANTONOVICH, MAYOR:** THANK YOU.



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1   **(VOICE OF INTERPRETER)** : GOOD MORNING. MAY NAME IS SALVADOR  
2   MEDINA. I'M A PATIENT OF MARTIN LUTHER KING HOSPITAL.  
3   SUPERVISORS, TAKING FUNDS FROM KING/DREW HOSPITAL IS NOT GOING  
4   TO RESOLVE THE PROBLEM FOR THE COMMUNITY. YOU ARE TRYING TO  
5   TURN OFF THE FIRE WITH GASOLINE. THE TRUTH IS, IN THE  
6   ORGANIZATION, THERE IS ROTTEN APPLES. THE TRUTH IS, THE HEALTH  
7   SYSTEM IS AWFUL. THE TRUTH IS-- THE TRUTH IS, THERE IS BAD  
8   EMPLOYEES AND MEDICAL STAFF WHO DO NOT HAVE ANY CONCERN OVER  
9   THE PATIENTS AND THEY NEVER WALK AROUND THE HALLWAYS. IT'S ALL  
10  IN LACK OF ABILITIES. IF THE MEDICAL SERVICES ARE AT RISK,  
11  IT'S BECAUSE OF BAD MANAGEMENT AND ERRONEOUS DECISIONS. WITH  
12  THIS REASON, THE COMMUNITY IS SUFFERING THE CONSEQUENCES.  
13  THERE IS BAD ELEMENTS. THROW THEM AT THE TRASH. NEW PROGRAMS,  
14  NEW PEOPLE AND LET'S GET TO WORK. BUT, SUPERVISORS, DO NOT  
15  PUNISH THE PEOPLE BASED ON YOUR BAD DECISIONS. THANK YOU VERY  
16  MUCH. [ APPLAUSE ] [ GAVEL ]

17

18  **SUP. ANTONOVICH, MAYOR:** OKAY. SYLVIA IVIE, EDDIE JONES, JR.,  
19  LYNN KERSEY AND YOLANDA VERA. GOOD MORNING.

20

21  **SYLVIA DREW IVIE:** GOOD MORNING, SUPERVISORS. MY NAME IS SYLVIA  
22  DREW IVIE. I AM AN INDEPENDENT HEALTHCARE CONSULTANT,  
23  PRIMARILY IN THE FIELD OF DISPARITIES IN HEALTH. I'M A  
24  SIGNATORY TO THE LETTER FROM THE COALITION FOR HEALTH AND  
25  JUSTICE ADDRESSING SOME OF THE UNMET NEEDS IN THE CURRENT



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1 METRO PLAN. I'D LIKE TO SPEAK BRIEFLY THIS MORNING ABOUT MY  
2 CONCERN ABOUT THE ABSENCE OF LONG-TERM PLANNING, PARTICULARLY  
3 AS IT RELATES TO THE NEED FOR PHYSICIANS AND ALLIED HEALTH  
4 WORKERS TO SERVE THE COMMUNITY IN SOUTH L.A. THIS WHOLE CRISIS  
5 PRESENTED AN OPPORTUNITY WHICH THE COUNTY TOOK TO SEVER THE  
6 CONTRACT WITH DREW MEDICAL SCHOOL. I UNDERSTAND THAT WE'RE  
7 HERE TODAY TO TALK ABOUT THE PLANS VIS-A-VIS PATIENT CARE.  
8 BUT, AS DR. CHERNOFF POINTED OUT, IF HE DOESN'T HAVE THE  
9 DOCTORS, IF HE DOESN'T HAVE THE OTHER HEALTH WORKERS, HOW CAN  
10 HE PROVIDE SERVICES TO THE PATIENTS IN WHAT IS REMAINING IN  
11 THE HOSPITAL? SO I HOPE THAT PART OF THE PLANNING WILL BE TO  
12 HONOR THE CONTRACT WITH THE RESIDENTS FROM DREW AND THAT THE  
13 COUNTY WILL, IN A LONG-TERM PLAN, WHICH I HOPE THEY WILL DO IN  
14 A FORMAL WAY, WITH STATE INVOLVEMENT, FEDERAL INVOLVEMENT,  
15 COMMUNITY STAKEHOLDER INVOLVEMENT, AS WAS SUGGESTED IN THE  
16 BILL THE GOVERNOR SIGNED FOUNDED BY ASSEMBLY MEMBER MARK  
17 RIDLEY-THOMAS. WE NEED A PLAN THAT LOOKS AT HOW WE PROVIDE  
18 SERVICES TO PATIENTS IN SOUTH L.A. WE NEED A PLAN THAT ENGAGES  
19 THE COUNTY AND THE PRIVATE SECTOR IN PROVIDING FOR A  
20 WORKFORCE. WE HAVE AN EXCELLENT MEDICAL SCHOOL, ALLIED HEALTH  
21 SCHOOL...

22  
23 **SUP. ANTONOVICH, MAYOR:** THANK YOU.



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1   **SYLVIA DREW IVIE:** ...AND THEY HAVE BEEN VICTIMIZED IN THIS  
2   WHOLE PROCESS.

3

4   **SUP. ANTONOVICH, MAYOR:** THANK YOU. DANIEL CHARLES. YES, SIR.  
5   DO YOU WANT TO GO NEXT?

6

7   **EDDIE JONES:** MY NAME IS EDDIE JONES, PRESIDENT OF THE LOS  
8   ANGELES CIVIL RIGHTS ASSOCIATION. FIRST OF ALL, I WANT TO SAY  
9   GOOD MORNING TO ALL THE DISTRICT SUPERVISORS HERE. WHAT WE'RE  
10   LOOKING FOR IS CAN WE SET A FIRM PUBLIC DATE AND TIMETABLE FOR  
11   CORRECTING THE DEFICIENCIES? WHY HAVEN'T ALL THE PROBLEMS BEEN  
12   CORRECTED? KEEP KING A FULL SERVICE HOSPITAL. C.M.S. IS  
13   DEMANDING DEFICIENCIES BE CORRECTED. WE WOULD LIKE TO KNOW HOW  
14   MUCH TIME DO WE HAVE TO CORRECT THOSE DEFICIENCIES? THE PEOPLE  
15   IN THE COMMUNITY ARE HURTING RIGHT NOW AND THEY'RE GOING TO  
16   HURT MORE IF WE TAKE AWAY THE PEOPLE THAT ARE NEEDED AT MARTIN  
17   LUTHER KING THAT MAKES IT A FULL SERVICE HOSPITAL. WHEN YOU  
18   THINK ABOUT PEDIATRICS, NEONATAL, GERIATRICS, WHEN YOU THINK  
19   ABOUT BABIES AND CHILDREN WITH ASTHMA OR CANCER OR LEUKEMIA OR  
20   WHATEVER THEIR SICKNESS MAY BE, IT'S A MATTER OF MINUTES AND  
21   SECONDS FROM ONE HOSPITAL FROM THE POINT OF WHEREVER THE  
22   INCIDENT MIGHT HAPPEN TO GETTING TO THAT HOSPITAL. I LOVE  
23   MARTIN LUTHER KING, CHARLES DREW HOSPITAL. IT SAVED A LOT OF  
24   LIVES. IT WILL CONTINUE TO SAVE LIVES WITH THE HELP OF THE  
25   BOARD OF SUPERVISORS. THIS SITUATION IS IN YOUR HANDS. MAY IT



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1 SINK INTO THE RESONANCE OF YOUR HEARTS AND MINDS THAT PEOPLE  
2 DEPEND ON YOU TREMENDOUSLY TO MAKE GREAT, WONDERFUL, STERN  
3 DECISIONS. AND TO MR. CHERNOFF, YOU HAVE A BIG PLATE IN FRONT  
4 OF YOU WITH A LOT OF THINGS ON IT. I HOPE THAT YOU WILL HELP  
5 THE BOARD OF SUPERVISORS MAKE THE GREAT DECISION TO KEEP  
6 MARTIN LUTHER KING HOSPITAL A FULL SERVICE HOSPITAL. THANK YOU  
7 VERY MUCH.

8

9 **SUP. ANTONOVICH, MAYOR:** THANK YOU. KATHERINE LEFKOWITZ.  
10 KATHERINE? YES, SIR? YES, MA'AM? OKAY. WHOEVER.

11

12 **LYNN KERSEY:** BOARD OF SUPERVISORS AND COMMUNITY MEMBERS, THANK  
13 YOU FOR THE OPPORTUNITY TO SPEAK TODAY. MY NAME IS LYNN  
14 KERSEY, I DIRECT MATERNAL AND CHILD HEALTH ACCESS AND I WILL  
15 SUBMIT MY WRITTEN RECORD BECAUSE TWO MINUTES IS REALLY NOT  
16 LONG ENOUGH. IT WOULD BE GREAT TO HAVE JUST ANOTHER MINUTE FOR  
17 ALL THE MEMBERS OF THE COMMUNITY WHO ARE HERE TODAY TO SPEAK.  
18 WE'RE PLEASED THAT C.M.S. HAS EXTENDED THE FEDERAL FUNDING FOR  
19 KING/DREW MEDICAL CENTER UNTIL MARCH 2007. WE BELIEVE THAT THE  
20 TIME SHOULD BE SPENT IN WAYS SUBMITTED IN THE RECOMMENDATIONS  
21 BY THE COALITION FOR HEALTH AND JUSTICE AND COMMUNITY HEALTH  
22 COUNCILS AND THAT IS IN AN OPEN, TRANSPARENT AND INCLUSIVE  
23 PROCESS TO ADDRESS THE DEFICIENCIES CITED BY C.M.S. AND  
24 SEPARATE THAT NEED FROM THE LONGSTANDING PLAN OF THE  
25 DEPARTMENT OF HEALTH SERVICES TO TRANSFORM K.D.M.C. INTO AN





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1 AMBULATORY CARE CENTER. WITH ALL DUE RESPECT, THIS PLAN HAS  
2 BEEN AROUND FOR SOME TIME AND SITUATIONS HAVE CHANGED. WE NEED  
3 MORE COMMUNITY AND PROFESSIONAL INPUT INTO THE PLAN.  
4 STAKEHOLDERS HAVE NOT BEEN INVOLVED. SERVICES TO BE ADDED WERE  
5 POORLY DEFINED IN THE MULTI-SERVICE AMBULATORY CARE DOCUMENT  
6 SO IT'S IMPOSSIBLE TO TELL WHETHER INCREASES IN VISITS WILL  
7 OCCUR IN CERTAIN SPECIALTY CARE OR PRIMARY CARE AREAS. FOR  
8 EXAMPLE, THE DOCUMENT CITES HIGH RISK OBSTETRIC TRANSFER ONLY.  
9 THE BEILENSON NOTICE CITES BOTH ROUTINE AND HIGH RISK  
10 TRANSFER. IT'S HARD TO TELL WHAT EXACTLY WILL BE TAKING PLACE.  
11 ACCORDING TO THE LOS ANGELES CHILDREN'S PLANNING COUNCIL, SPA  
12 6 HAS ALL THE WORST-- ALMOST ALL THE WORST STATISTICS. I  
13 SUBMITTED SEVERAL QUESTIONS LAST FALL, MANY OF WHICH HAVE NOT  
14 BEEN ANSWERED. THANK YOU TO SUPERVISOR BURKE FOR ASKING THE  
15 DEPARTMENT TO ANSWER THEM. MANY OF THEM WERE NOT ANSWERED, SO  
16 I APPRECIATE SUPERVISOR YAROSLAVSKY'S RECOMMENDATION THAT THE  
17 TESTIMONY TODAY BE TAKEN INTO CONSIDERATION. WILL YOU THINK  
18 ABOUT A COUPLE OTHER QUESTIONS? LAST FALL, WE WERE EMBARRASSED  
19 TO FIND WE WOULD LOSE \$29 MILLION BY TRANSFERRING O.B. AND  
20 N.I.C.U. SERVICES. HOW MUCH ARE WE ALREADY STARTING TO LOSE?  
21 WE ARE TRANSFERRING WOMEN EVEN WITHOUT THIS HEARING TODAY AND  
22 EVEN WITHOUT THE TRANSPORTATION IN PLACE AND THAT'S SHAMEFUL.  
23 THANK YOU.

24

25 **SUP. ANTONOVICH, MAYOR:** THANK YOU. EARL HUTCHINSON. YES?



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1  
2 **YOLANDA VERA:** GOOD MORNING. MY NAME IS YOLANDA VERA AND I'M  
3 THE DIRECTOR OF L.A. HEALTH ACTION, WHICH IS A COMMUNITY  
4 PARTNER IN THIS PROJECT FUNDED BY CALIFORNIA ENDOWMENT. I'M  
5 TESTIFYING TODAY ONLY ON BEHALF OF L.A. HEALTH ACTION AND NOT  
6 ON BEHALF OF THE L.A. HEALTH COLLABORATIVE. TO PREPARE THIS  
7 TESTIMONY, L.A. HEALTH ACTION ANALYZED AVAILABLE DATA TO SEE  
8 HOW THE METROCARE PROPOSAL WOULD MEET THE ACTUAL VOLUME OF  
9 ONGOING HEALTHCARE NEEDS OF SOUTH LOS ANGELES AND HOW THIS  
10 PROPOSAL FITS INTO THE COUNTY'S OVERALL SERVICE DELIVERY  
11 TRENDS IN THAT AREA. I AM INCLUDING A COPY OF THAT ANALYSIS IN  
12 THE CHARTS THAT ARE ATTACHED TO IT. THAT LED US TO THE  
13 FOLLOWING OBSERVATIONS: NUMBER ONE, THE HEALTHCARE NEEDS OF  
14 SOUTH LOS ANGELES COMMUNITY ARE GREATER THAN ANY OTHER AREA IN  
15 L.A. COUNTY. RATHER THAN GO INTO SOME OF THE DATA SUPPORTING  
16 THAT THAT'S ALREADY BEEN MENTIONED, I'LL SUBMIT MY TESTIMONY.  
17 WE HAVE NOT BEEN ABLE TO LOCATE ANY DATA THAT WOULD SHOW THAT  
18 THE HEALTH DISPARITIES HAVE IMPROVED OVER THE AREA. GIVEN  
19 THAT, IT WOULD SEEM THAT THE COUNTY SHOULD BE INCREASING THE  
20 VOLUME OF SERVICES PROVIDED IN SPA 6 TO COUNTER THESE  
21 WORSENING CONDITIONS. INSTEAD, THE AVAILABLE DATA INDICATED  
22 THAT THE VOLUME OF SERVICES PROVIDED AT COUNTY-OWNED AND  
23 OPERATED SPA 6 FACILITIES, INCLUDING KING/DREW MEDICAL CENTER,  
24 HAVE BEEN DECREASING OVER THE LAST FEW YEARS. WE TOOK A LOOK  
25 FIRST AT INPATIENT SERVICES. ONE, COUNTY-PROVIDED INPATIENT



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1 SERVICES IN SPA 6 HAVE SHRUNK OVER THE LAST FIVE TO SIX YEARS.  
2 WHAT WE SAW IN KING/DREW MEDICAL CENTER IS THAT ITS AVERAGE  
3 DAILY CENSUS DECREASED BY ALMOST A THIRD FROM 1998 TO 2005/'06  
4 AND THE METROCARE PROPOSAL WOULD REDUCE THIS AMOUNT EVEN  
5 FURTHER TO REDUCE ITS CURRENT CAPACITY TO 42 BEDS AND  
6 EVENTUALLY UP TO 114 BEDS. THE SECOND THING WE NOTICED IS THAT  
7 THE COUNTY FUNDED PRIMARY CARE SERVICES IN SPA 6 ALSO APPEAR  
8 TO HAVE SHRUNK OVER THE LAST FIVE TO SIX YEARS AT KING/DREW  
9 MEDICAL CENTER AND WE INCLUDE A CHART. THE AMBULATORY...

10

11 **SUP. ANTONOVICH, MAYOR:** DO YOU WANT TO WRAP IT UP?

12

13 **YOLANDA VERA:** ...CARE SERVICES DECREASED TO 167,000 FROM ITS  
14 190,000. SO WE ENCOURAGE THE COUNTY BOARD OF SUPERVISORS, AS  
15 WITH REGARDS TO THE METROCARE PROPOSAL, HOW IT CAN NOT ONLY  
16 INCREASE UP TO 190,000 YET AT THE SAME TIME IT'S GOING TO BE  
17 MOVING 2,000 EMPLOYEES? BUT, IN THE PAST AS WE SAW WITH HIGH  
18 DESERT, PROJECTIONS WITH REGARDS TO WHAT WE WERE GOING TO TRY  
19 TO GET IN A MAC HAVE NOT BEEN ACCURATE. WHAT WE SAW WITH HIGH  
20 DESERT...

21

22 **SUP. ANTONOVICH, MAYOR:** IF YOU LEAVE THAT INFORMATION, WE WILL  
23 SUBMIT THAT TO THE...

24



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1 **YOLANDA VERA:** CAN I SUM UP, SUPERVISOR? THANK YOU. IN  
2 CONCLUSION, JUST WANTED TO NOTE THAT THE DATA THAT WE COMPILED  
3 ON INPATIENT PRIMARY CARE SERVICES SHOULD BE PART OF ANY  
4 RATIONAL, REGIONAL PLANNING EFFORT. THE PEOPLE OF SOUTH LOS  
5 ANGELES DESERVE A REALISTIC PLAN GROUNDED IN DATA AND, AT A  
6 VERY MINIMUM, BEFORE MOVING FORWARD ON METROCARE, WE SHOULD  
7 INCLUDE A SPECIFIC ALLOCATION BASED ON A THOROUGH NEEDS  
8 ASSESSMENT WHICH ALLOWS THE DEPARTMENT TO PURCHASE ENOUGH  
9 QUALITY INPATIENT AND AMBULATORY CARE SERVICES FROM QUALIFIED  
10 AND ACCOUNTABLE PRIVATE PROVIDERS TO MEET THE NEED UNTIL THE  
11 COUNTY FACILITIES ARE ABLE TO MEET THE NEED. THANK YOU.

12

13 **SUP. ANTONOVICH, MAYOR:** DR. KARMAN. DR. KARMAN. YES, SIR?

14

15 **CHARLES DANIEL:** I'M CHARLES DANIEL. ..(CLEARING THROAT)...  
16 EXCUSE ME. MY NAME, AS I SAID, IS CHARLES DANIEL. I'M A  
17 COMMUNITY DEVELOPER IN THE LOS ANGELES COMMUNITY FOR 50 YEARS,  
18 PRESENTLY EMPLOYED IN THE GERIATRICS EFFORT AT MARTIN LUTHER  
19 KING HOSPITAL. SO I GREET YOU AS A UNITED STATES CITIZEN TODAY  
20 AND THE REASON WHY I GREET YOU AS A UNITED STATES CITIZEN IS  
21 THAT THE UNITED STATES GOVERNMENT IS RESPONSIBLE FOR MY  
22 HEALTHCARE IN THAT IT COLLECTS MY TAXES, IN THAT IT GUARANTEES  
23 WHATEVER BENEFITS I HAVE UNDER ITS CONSTITUTION. I'M BEING  
24 REFUSED THOSE MEDICAL CARE SERVICES FOR NO REASON ON MY PART  
25 AND I BELIEVE ON NO REASON ON THE PART OF THE COUNTY



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1 SUPERVISORS OF LOS ANGELES. I COMPLIMENT YOU ON THE JOB THAT  
2 YOU'VE DONE. OUR CONGRESSIONAL REPRESENTATIVES, I COMPLIMENT  
3 THEM ON THE JOB THAT THEY'VE DONE. WHERE I FEEL THAT THE  
4 PROBLEM IS THAT WE HAVE FAILED TO RECOGNIZE THAT THIS IS A  
5 UNITED STATES GOVERNMENT PROBLEM, THAT MEDICARE IS MANAGED BY  
6 THE UNITED STATES GOVERNMENT AND IT'S SENT DOWN C.M.S. TO LOOK  
7 AT US WHEN IT HAD ITS RESPONSIBILITY AND IT SHOULD HAVE COME  
8 DOWN TO ASSIST US AND TO COME WITH A PLAN AFTER ITS FIRST  
9 INVASION OF LOS ANGELES COUNTY. AND SO I ASK YOU GENTLEMEN,  
10 CONSIDER THE 13, 14 AND 15TH AMENDMENT OF THE CONSTITUTION OF  
11 THE UNITED STATES. FINALLY, WE THINK OF THE COUNTY BOARD OF  
12 SUPERVISORS FOR THE COUNTY OF LOS ANGELES AS THE FIVE MOST  
13 POWERFUL PEOPLE IN THE WORLD. WE THINK THAT THAT'S A GOOD  
14 THING BUT IT OUGHT TO BE CUT INTO FIVE DIFFERENT COUNTIES, FOR  
15 THE SIMPLE REASON THAT THE FEDERAL GOVERNMENT HIDES BEHIND YOU  
16 WHEN IT IS THEIR RESPONSIBILITY. THEY CAN RETRANSFER THE  
17 AUTHORITY TO YOU BUT THE RESPONSIBILITY REMAINS THEIRS. I  
18 THANK YOU VERY KINDLY.

19  
20 **SUP. ANTONOVICH, MAYOR:** THANK YOU. DR. EDWARD SCOTT. DR.  
21 EDWARD SCOTT. YES, MA'AM.

22  
23 **CATHERINE LEFKOWITZ:** OKAY. MY NAME IS CATHERINE LEFKOWITZ, I'M  
24 A REGISTERED NURSE. I WORK AT KING/DREW MEDICAL CENTER IN  
25 PEDIATRICS. IN FACT, I JUST GOT OFF SHIFT RIGHT NOW. I WORKED



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1 THE ENTIRE WEEKEND. MY CONCERN IS THAT THE ACCESS TO  
2 HEALTHCARE FOR PEDIATRIC PATIENTS FROM THE SPA 6 SOUTH L.A.  
3 AREA REMAINS EASILY ACCESSIBLE AND ENCOURAGES FREQUENT ACCESS  
4 AND USE TO PROMOTE AND MAINTAIN THE BEST POSSIBLE STATUS OF  
5 HEALTH FOR ALL. WHEN IT COMES TO PEDIATRICS, OBSTACLES TO  
6 HEALTH PRESENTS ITSELF WHEN A MOTHER HAS OTHER CHILDREN TO  
7 CARE FOR. WE SEE THIS ALL THE TIME AT KING, TRANSPORTATION  
8 WITH OR WITHOUT THE OTHER CHILDREN BECOMES AN ISSUE. THE  
9 ABILITY TO LEAVE HER SICK CHILD IN THE HOSPITAL AND GO BACK  
10 AND CARE FOR THE OTHER CHILDREN AT HOME IS VERY IMPORTANT. WE  
11 SEE THIS A LOT, EVEN THOUGH THIS HAS BEEN A-- THERE HAS BEEN A  
12 CONSENSUS ON MOVING FORWARD WITH THIS METROCARE PLAN, IT SEEMS  
13 TO ME LIKE A REVISIT TO GARTHWAITE'S PLAN OF LAST YEAR. THAT  
14 PLAN WAS FLAWED THEN AS IT IS NOW. THE COMPLETE DISMISSAL OF  
15 THE HEALTH NEEDS OF WOMEN AND CHILDREN. OF COURSE, OPENING THE  
16 URGENT CARE 24 HOURS IS IMPORTANT. YOU ABSOLUTELY NEED  
17 PEDIATRIC EXPERIENCED HEALTHCARE GIVERS IN THE E.R. SETTING  
18 BUT YOU ALSO NEED INPATIENT BEDS. THE BACKUP OF PATIENTS  
19 WAITING FOR BEDS WILL CREATE HAVOC. WE HAVE THAT PROBLEM NOW,  
20 ACCESSING P.I.C.U. BEDS, PEDS I.C.U. BEDS. PEOPLE OFTEN WAIT  
21 EIGHT HOURS IN THE E.R. AND ANOTHER SIX TO EIGHT TO BE  
22 TRANSPORTED TO ANOTHER HOSPITAL. THERE'S NO MENTION OF  
23 RESERVING PEDIATRIC BEDS ANYWHERE FOR OUR PATIENTS. FRACTURING  
24 HEALTHCARE FOR WOMEN AND CHILDREN IN SOUTH L.A. WILL CREATE  
25 EVEN MORE DIRE HEALTH STATISTICS THAN BEFORE. MY





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1 RECOMMENDATION IS THAT WE MAINTAIN AT LEAST 10 TO 15 INPATIENT  
2 BEDS DURING ALL THE RESTRUCTURING THEN REBUILD THIS IMPORTANT  
3 SERVICES WITH THE PEDS I.C.U. WITH THE REST OF THE HOSPITAL AS  
4 IT IS REESTABLISHED. THANK YOU.

5

6 **SUP. ANTONOVICH, MAYOR:** THANK YOU. SUSAN FLOYD-- EXCUSE ME,  
7 SHAWN FLOYD.

8

9 **EDDIE JONES, JR.:** DID YOU CALL FOR DR. HUTCHINSON?

10

11 **SUP. ANTONOVICH, MAYOR:** YES.

12

13 **EDDIE JONES, JR.:** OKAY. WE WORK TOGETHER AND HE ASKED ME TO  
14 LEAVE THIS. IT SAYS IN THE PAST YEAR, A DOCUMENTED 10  
15 HOSPITALS HAVE FAILED TO MEET MINIMUM STANDARDS FOR PATIENT  
16 TRANSPLANT REPLACEMENT OPERATION AND CARE. SOME OF THE  
17 HOSPITAL'S NAMED HAD AN ALARMING AND ABOVE AVERAGE RATE OF  
18 DEATH, YET C.M.S. TOOK NO DISCIPLINARY ACTION NOR CUT OFF  
19 FUNDING FOR THEM. THIS IS A C.M.S. THAT CUT SUMMARILY CUT  
20 NEARLY A QUARTER BILLION DOLLARS FROM KING HOSPITAL. C.M.S.  
21 HAS TEMPORARILY RESTORED THE FUNDS TO OPERATE KING HOSPITAL.  
22 HOWEVER, C.M.S. HAS REJECTED THE SUPERVISOR REORGANIZATION  
23 PLAN. IT STILL DEMANDS THAT COUNTY SUPERVISING HEALTH  
24 DEPARTMENT FIX THE PROBLEMS THAT RESULTED IN KING'S HOSPITAL  
25 FUNDING CUTOFF AS A CONDITION FOR PERMANENTLY RESTORING THE



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1 FUNDING. THE SUPERVISORS MUST PUBLICLY COMMIT TO A SET FIRM  
2 DATE AND TIMETABLE FOR FIXING THE C.M.S. DOCUMENTED PROBLEMS  
3 ON A TIMELY BASIS. WE CONSIDER THEIR PLAN TO DOWNSIZE THE  
4 HOSPITAL AND USE THE RESTORED FUNDS TO KEEP KING HOSPITAL A  
5 FULL SERVICE HOSPITAL. THESE ARE THE WORTH OF DR. EARL  
6 HUTCHINSON FROM THE LOS ANGELES URBAN POLICY ROUNDTABLE AND,  
7 IN CLOSING, AGAIN, I ELABORATE THAT THE BOARD OF SUPERVISORS  
8 HAS A LOT OF POWER TO MAKE CHANGE. WHEN I LOOK AT GENERAL  
9 HOSPITAL AND I LOOK AT ALL THE DIFFERENT HOSPITALS, FOR SOME  
10 REASON, HOSPITALS ARE LOSING THEIR-- THEY'RE CLOSING THEM DOWN  
11 ALL OVER LOS ANGELES AND YOU KNOW WHAT THAT'S GOING TO DO?  
12 IT'S GOING TO, UNFORTUNATELY, I HATE TO SAY THE WORD, BUT IT'S  
13 KIND OF LIKE GENOCIDE. AND THE REASON WHY I SAY THAT IS  
14 BECAUSE THE PEOPLE WHO CAN'T GET THE HELP THAT THEY NEED WHEN  
15 THEY NEED IT, THEY'RE GOING TO DIE. AND I'M JUST KEEPING IT  
16 REAL PLAIN AND REAL SIMPLE. AND THE ONLY WAY THAT LIFE CAN BE  
17 SAVED RIGHT NOW IS BY THE SIGNATURES FROM THE COUNTY BOARD OF  
18 SUPERVISORS AND THE HELP OF C.M.S. WE DON'T WANT GENOCIDE IN  
19 THE COMMUNITY, WE WANT LIFE IN THE COMMUNITY. THANK YOU.

20

21 **SUP. ANTONOVICH, MAYOR:** THANK YOU. KATHY OCHOA. YES, DOCTOR?  
22 DOCTOR?

23

24 **DR. KARMAN TATULIAN:** I'M DR. KARMAN TATULIAN AND MLK PEDIATRIC  
25 RESIDENCY, SECOND YEAR RESIDENT. HONORABLE BOARD OF



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1 SUPERVISORS, CHILDREN ARE OUR MESSENGERS TO A TIME WE WILL  
2 NEVER SEE. I'M ONE OF THE PEDIATRICIANS WHO WORKS AT KING/DREW  
3 MEDICAL CENTER AND TERRIBLY DISAPPOINTED THAT THE PLAN YOU  
4 HAVE APPROVED DOES NOT INCLUDE ANY CONTINGENCY PLAN FOR THE  
5 SICK CHILDREN IN SPA 6. THE MESSAGE YOU ARE SENDING TODAY IS  
6 THAT CHILDREN IN THIS COMMUNITY ARE EXPENDABLE. I HAVE WORKED  
7 BOTH AREAS, INPATIENT, OUTPATIENT, AND I KNOW FOR A FACT THAT,  
8 IN THE LAST ONE YEAR, WE CONTINUED TO ADMIT FIVE, SIX,  
9 INCLUDING CHILDREN AGES 15, 18 PATIENTS PER NIGHT AND  
10 CONTINUED TO TRANSFER AVERAGE ABOUT 10 PATIENTS TO OUTSIDE  
11 INSTITUTIONS, MAINLY HARBOR BECAUSE OF THEIR HEALTH INSURANCE,  
12 C.H.P. OR OTHERS. WHERE WILL THE PATIENTS GO? EVEN NOW THAT  
13 THEY ARE STILL ABLE TO ADMIT PATIENTS AND WHEN WE HAVE BEEN  
14 FORCED TO PLACE STIPULATIONS ON WHO CAN AND CANNOT BE ADMITTED  
15 TO M.L.K. WE HAVE BEEN FORCED TO ADMIT, FOR EXAMPLE, CHP  
16 PATIENTS BECAUSE THERE ARE NO BEDS AT HARBOR. WHAT'S GOING TO  
17 HAPPEN COME MARCH WHEN WE WILL BE FORCED TO TRANSFER ALL  
18 PATIENTS? AND THAT IS NOT TAKING INTO CONSIDERATION THE  
19 INCREASE OF PEDS ADMISSIONS IN THE MONTHS OF NOVEMBER TO  
20 APRIL. WITH THE IMMINENT CLOSURE OF DANIEL FREEMAN AND CLOSURE  
21 OF INPATIENT PEDS WILL HEAVILY IMPACT THE HEALTHCARE NEEDS OF  
22 THE CHILDREN IN THE COMMUNITY. MOST OF OUR PATIENTS THAT COME  
23 TO THE CLINIC PRACTICALLY WALK TO OUR CLINICS. YOUR PLANS  
24 INCLUDING A TRANSPORTATION SERVICE. WHAT WILL THEY DO WHEN  
25 THEY GET TO HARBOR AND THE CLINICS CANNOT ACCOMMODATE THEM?



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1 WILL YOU PROVIDE TRANSPORTATION TO OTHER HOSPITALS, LIKE SAINT  
2 FRANCIS OR ST. MARY'S AND OTHER CHILDREN'S HOSPITALS? THE  
3 INSTITUTIONS HAVE PACKED CLINICS ALREADY. IN THE LAST FEW  
4 YEARS, SEVERAL L.A. COUNTY SATELLITE CLINICS HAVE BEEN CLOSED.  
5 THE 33 PEDIATRIC RESIDENTS, WHOSE EDUCATION YOU HAVE CUT OFF  
6 AND DEPRIVATE, ARE THE PRIMARY CARE PEDIATRICIANS TO HUNDREDS  
7 OF CHILDREN WHO CONTINUE TO COME DAILY FOR WELL CHILD CARE AND  
8 ACUTE CARE. THESE ARE THE DOCTORS WHO CHOOSE TO BE HERE. THEY  
9 ARE THE DOCTORS WHO TAKE CARE OF THE WELLBEING OF OUR CHILDREN  
10 AND THE DOCTORS WHO GRADUATED FROM THE...

11

12 **SUP. ANTONOVICH, MAYOR:** DO YOU WANT TO WRAP IT UP, DOCTOR?

13

14 **DR. KARMAN TATULIAN:** OKAY. THANK YOU.

15

16 **SUP. ANTONOVICH, MAYOR:** THANK YOU. MR. SCOTT. EXCUSE ME.

17 MICKEY HEINRICHS. MR. SCOTT?

18

19 **DR. EDWARD E. SCOTT:** THANK YOU VERY MUCH FOR THIS OPPORTUNITY.

20 I APPRECIATE THE WORK YOU'RE DOING. I'M APOSTLE, DR. EDWARD E.

21 SCOTT, I'M THE FOUNDER OF THE NONPROFIT ORGANIZATION, PUBLIC

22 BENEFIT BLACK FOUNDATION, CARE GROUP INTERNATIONAL. WE HAVE

23 EXPERTISE IN HEALTH FACILITY MANAGEMENT, EDUCATION, RESEARCH,

24 DEVELOPMENT AS WELL AS FACILITY MANAGEMENT AND, OF COURSE,

25 THOSE SERVICES ARE BEING PROVIDED TO THE HOSPITAL AND ALSO TO



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1 DREW MEDICINE AND SCIENCE. I HAVE TWO ISSUES HERE. I WILL  
2 FIRST OF ALL ADDRESS-- I HAVE A QUESTION AND THEN I HAVE A  
3 COMMENT. MY QUESTION IS REGARDING THE METRO PLAN IN  
4 RELATIONSHIP TO THE C.M.S. LETTER OF THE NINE ISSUES THAT  
5 WERE-- THAT THE HOSPITAL FAILED ON. I JUST WOULD LIKE TO ASK  
6 THE QUESTION, WILL THE PLAN TAKE INTO CONSIDERATION AND I  
7 THINK THE FIRST ITEM IS GOVERNING BODY? AND, TO ME, THE  
8 GOVERNING BODY IS THE BOARD OF SUPERVISORS. I LOOK AT THE  
9 HOSPITAL AND I UNDERSTAND THE ADMINISTRATOR WAS JUST THERE FOR  
10 ABOUT THREE MONTHS, THAT THEY HAD JUST HIRED, AND THIS TESTING  
11 OR THIS PERIOD, THIS INFORMATION CAME IN THAT THEY WANTED TO  
12 DO THIS-- THIS PASS-OR-FAIL EXAM AND I'M WONDERING, IS THAT IN  
13 ORDER FOR A PERSON WHO HAS ONLY BEEN AT THE HELM, I'M SPEAKING  
14 OF THE HOSPITAL ADMINISTRATOR ABOUT THREE MONTHS, IS THAT  
15 REALLY FAIR FOR YOU TO COME IN AND TO CONDUCT A PASS/FAIL TYPE  
16 OF EXAM WHERE YOU'RE TO GET 23 OUT OF 23? THAT'S MY QUESTION  
17 AND I NOTICE DR. CHERNOFF IS SAYING, WHEN HARBOR GENERAL COME  
18 IN, HE'S ALREADY ASKING FOR SOME TIME SO THAT YOU WON'T COME  
19 IN AND THE GOVERNMENT WON'T COME IN WITH THAT TYPE OF  
20 SITUATION. THAT'S MY QUESTION AND I WILL ALSO SUBMIT A  
21 POSITION PAPER ON MY VIEWS TO YOU AFTERWARDS. I'M IN THE  
22 PROCESS OF PREPARING THAT NOW. MY COMMENT IS BASICALLY  
23 REGARDING THE NEEDS OF THE HOMELESS. THE FOUNDATION, WE  
24 PROVIDED PROGRAMS AND PROJECTS TO THE HUMANITY OVER MANY YEARS  
25 AND WE'RE RIGHT NOW AND HAVE BEEN WORKING WITH THE HOMELESS



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1 RIGHT HERE IN LOS ANGELES AND WE NOTICE THAT MANY OF THE  
2 PEOPLE THERE JUST WITHIN THE PAST WEEK, THEY HAVE EMERGENCY  
3 MEDICAL SURGICAL NEEDS, AS WELL AS MENTAL HEALTH NEEDS AND  
4 MANY OF THEM ARE-- THEY HAVE ULCERS ON THEM, THEY HAVE BRUISES  
5 AND WOUNDS FROM INJECTING NEEDLES, THEY PROBABLY HAVE THE  
6 GREATEST PORTION OF VENEREAL DISEASE OF ANY POPULATION. AND  
7 I'VE BEEN WATCHING FOR MANY, MANY YEARS THE VARIOUS FACILITIES  
8 THAT ARE RIGHT WITHIN THEIR REACH. I DON'T SEE THEM REACHING  
9 OUT TO THESE INDIVIDUALS WHO HAVE THESE MEDICAL NEEDS. MATTER  
10 OF FACT, I WAS READY AND PLANNING TO TAKE OVER A HUNDRED TO  
11 200 OF THEM TO THE KING HOSPITAL BECAUSE I KNOW THERE THEY  
12 WILL BE SEEN AND THEY WILL BE MEDICALLY EVALUATED AND SO  
13 FORTH. SO WITH YOU REDUCING THESE SERVICES AND REDUCING THESE  
14 BEDS, THAT IS...

15

16 **SUP. ANTONOVICH, MAYOR:** DO YOU WANT TO WRAP IT UP.

17

18 **DR. EDWARD E. SCOTT:** ...INHUMAN. SO THAT WAS MY COMMENT. YOU  
19 HAVE MY QUESTION AND, LIKE I SAY, I'M AVAILABLE TO YOU TO  
20 BRING THESE THINGS TOGETHER. I KNOW THE WORK YOU'RE DOING, I  
21 KNOW THE PROBLEMS YOU HAVE BUT I ALSO REALIZE THAT YOU NEED TO  
22 LOOK AT YOUR PLAN CLOSELY BECAUSE THE GOVERNING BODY, IN MY  
23 OPINION, REPRESENTS YOU.

24

25 **SUP. ANTONOVICH, MAYOR:** THANK YOU.





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1

2 **DR. EDWARD E. SCOTT:** AND TO SLASH EVERYBODY UNDERNEATH YOU AND  
3 NOT LOOK AT WHAT YOU'RE DOING, I DON'T THINK THE PLAN WOULD  
4 EVEN BE ACCEPTED.

5

6 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

7

8 **DR. EDWARD E. SCOTT:** THANK YOU FOR YOUR TIME.

9

10 **SUP. ANTONOVICH, MAYOR:** JASMINE EUGEINO. YES, SIR?

11

12 **SHAWN FLOYD:** MY NAME IS SHAWN FLOYD. GOOD MORNING, BOARD OF  
13 SUPERVISORS. YOU HAVE ONE HECK OF A MESS ON YOUR HANDS AND I  
14 COMMEND YOU, YOU KNOW, FOR PUTTING TO THIS POINT. I DO  
15 UNDERSTAND THAT YOU'RE UNDER A TIME CONSTRAINT AND YOU'VE  
16 ALREADY DONE A LOT AND I APPRECIATE IT BUT THE PLAN CANNOT GO  
17 FORWARD AS IT IS. IT NEEDS SOME ADJUSTMENTS AND I PRAY THAT  
18 YOU MOVE HEAVEN AND EARTH TO MAKE THOSE NECESSARY ADJUSTMENTS  
19 IN THIS PLAN TO GO FORWARD TO MEET THE NEEDS OF THE PEOPLE  
20 HERE IN SOUTH CENTRAL AND NOT ONLY SOUTH CENTRAL, IN LOS  
21 ANGELES, PERIOD, BECAUSE THIS HOSPITAL NEEDS TO BE A FULL  
22 SERVICE HOSPITAL TO COMPLEMENT THE WHOLE SYSTEM. THANK YOU.

23

24 **SUP. ANTONOVICH, MAYOR:** THANK YOU, SIR.

25



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1   **KATHY OCHOA:** GOOD MORNING, SUPERVISORS. MY NAME IS KATHY  
2   OCHOA, SENIOR HEALTH POLICY ANALYST FOR LOCAL 660, PRESENTING  
3   TESTIMONY ON BEHALF OF S.E.I.U. AT THIS HEARING CONCERNING THE  
4   TRANSFER OF CERTAIN INPATIENT AND OUTPATIENT SERVICES AT THE  
5   MARTIN LUTHER KING/DREW MEDICAL CENTER. ON BEHALF OF S.E.I.U.  
6   LOCAL 660, WE VIEW THE PROPOSED FRAMEWORK OF THE METROCARE  
7   PLAN AS THE ONLY VIABLE PATH FORWARD FOR THESE REASONS. ONE,  
8   WE BELIEVE IT IS THE ONLY FEASIBLE ROUTE OPEN FOR THE  
9   PRESERVATION OF ANY SERVICES AT THE KING/DREW MEDICAL CENTER  
10   AT THIS TIME. TWO, THE DEPARTMENT OF HEALTH SERVICES HAS  
11   PROPOSED MEASURES THAT WILL PROVIDE SOME NEEDED SERVICES TO  
12   THE POPULATION CURRENTLY AND HISTORICALLY SERVED BY KING/DREW  
13   MEDICAL CENTER AT OTHER COUNTY FACILITIES. THREE, WE BELIEVE  
14   THAT THE DEPARTMENT AND THE BOARD MUST BE ACCOUNTABLE FOR  
15   SERVICES AT K.D.M.C. IN THE FUTURE, INCLUDING THE FULL  
16   INPATIENT AND OUTPATIENT SERVICES, SPECIALIZED SERVICES SUCH  
17   AS THE TRAUMA UNIT AND FURTHER RESTORATION OF TEACHING  
18   PROGRAMS THAT PRODUCE PHYSICIANS COMMITTED TO CARE OF THE  
19   OTHERWISE UNDERSERVED. WHILE NOT THE OUTCOME WE WORKED FOR AND  
20   HOPED FOR, WE BELIEVE THAT THIS IS THE ONLY FEASIBLE COURSE OF  
21   ACTION. NOTWITHSTANDING ITS LIMITATIONS, WE BELIEVE THAT THE  
22   METROCARE PROPOSAL HAS BEEN INSTRUMENTAL IN INDUCING THE  
23   CENTER FOR MEDICARE AND MEDICAID SERVICES TO CONTINUE TO FUND  
24   SERVICES AT KING/DREW THROUGH MARCH 31ST, 2007. FURTHER, WE  
25   BELIEVE THAT, BUT FOR THE IMPLEMENTATION OF THE METROCARE



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1 PLAN, C.M.S. WOULD TAKE ACTIONS THAT WOULD LEAD TO THE FULL  
2 CLOSURE OF KING/DREW IN ITS ENTIRETY AT THE END OF THIS MONTH.  
3 SECOND, ALTERNATIVE SERVICES. NO IDEAL SOLUTION HAS BEEN  
4 PROPOSED BY ANY OF THE PARTIES FOR THE CONTINUATION OF  
5 SERVICES AS THEY CURRENTLY EXIST. THE DEPARTMENT'S EFFORTS TO  
6 PARTIALLY OFFSET BED REDUCTIONS AT KING/DREW BY OPENING BEDS  
7 AT OTHER COUNTY FACILITIES APPEARS TO BE THE ONLY FEASIBLE WAY  
8 TO PROVIDE CONTINUED INPATIENT BEDS TO THE SOUTH CENTRAL L.A.  
9 COMMUNITY SERVED BY KING/DREW AT THIS TIME. BUT THE NUMBER OF  
10 BEDS AVAILABLE MUST BE INCREASED AND ALL COUNTY HOSPITALS MUST  
11 BE INCLUDED. WE ENDORSE THE DEPARTMENT'S COMMITMENT THAT THESE  
12 BEDS WILL ONLY BE ALLOCATED ON A TEMPORARY BASIS AND THEN  
13 TRANSFERRED BACK TO KING/DREW AS THE FACILITY PROGRESSES AND  
14 STABILIZES IN THE FUTURE. AS MEMBERS OF THE BOARD ARE AWARE,  
15 S.E.I.U. IS WORKING WITH D.H.S. TO ADDRESS THE IMPACT OF THESE  
16 TRANSITIONS ON KING/DREW EMPLOYEES AND THEIR FAMILIES AND THE  
17 PATIENTS THEY SERVE AND THEIR FAMILIES. WE CONTINUE TO INSIST  
18 AND EXPECT THAT THIS WILL BE A FAIR AND EQUITABLE PROCESS.  
19 THIRD, RESTORATION. THIS IS THE MOST IMPORTANT PART OF THE  
20 PLAN AND THE ONE WHICH WE INSIST ON THE BOARD'S ATTENTION ON  
21 AT THIS TIME. WE WISH TO FOCUS THE REMAINDER OF OUR TESTIMONY  
22 ON RESTORATION, WITH SPECIFIC DISCUSSIONS DRAWN FROM OUR PAST  
23 EXPERIENCES WORKING ON KING/DREW. THE EXTRAORDINARY GROWTH OF  
24 THE NUMBER OF UNINSURED AND THE EXTRAORDINARY ESCALATION OF  
25 THE COST OF HEALTH INSURANCE IS COMPLICATED BY THE SHORTAGE OF



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1 PHYSICIANS AND OTHER PROFESSIONALS WILLING AND ABLE TO SERVE  
2 IN COMMUNITIES SUCH AS SPA 6 THAT HAVE A PREPONDERANCE OF THE  
3 UNINSURED. MOREOVER, THE PERIOD JUST PASSED BETWEEN THE  
4 DECISION OF C.M.S. TO WITHDRAW FUNDING AND THE CURRENT TIME  
5 SHOWS THAT NO PRIVATE ENTITY, HOWEVER SUBSTANTIAL, HAS BEEN  
6 WILLING TO STEP FORWARD AND OFFER ALTERNATIVE SOLUTIONS TO  
7 THIS PROBLEM.

8

9 **SUP. ANTONOVICH, MAYOR:** DO YOU WANT TO WRAP IT UP?

10

11 **KATHY OCHOA:** IT IS APPARENT FROM READING THE ENTIRE REPORT  
12 FROM C.M.S. THAT MANY OF THE ERRORS THEY CITED WERE DIRECTLY  
13 ASSOCIATED WITH THE WORK OF TRAVELING, PART-TIME AND NOW  
14 ABSENT PERSONNEL. WE HOPE THAT THE DEPARTMENT WILL CONTINUE TO  
15 BUILD FROM WITHIN RATHER THAN RELY ON LEADERSHIP FROM OUTSIDE.  
16 WE ARE DEEPLY CONCERNED ABOUT THE LOSS OF TEACHING PROGRAMS.  
17 WE DEPLORE THE CLOSURE OF THE RESIDENCY PROGRAMS BUT FULLY  
18 UNDERSTAND THE POSITION AND THE NEED TO ADDRESS THE A.C.G.M.E.  
19 DECISION.

20

21 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

22

23 **KATHY OCHOA:** FINALLY, SUPERVISOR, AND I'LL FINISH JUST NOW,  
24 THE-- WE WANT TO ACKNOWLEDGE THE SUPPORT OF ALL OUR STATE AND  
25 FEDERAL AND LOCAL ELECTED OFFICIALS IN PROMOTING THE CONTINUED



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1 AVAILABILITY OF SERVICES IN L.A. WE WILL CONTINUE TO WORK WITH  
2 YOU TO UNDERTAKE A FAR REACHING DISCUSSION WITH THE STATE  
3 CONCERNING THE INEVITABLE INCREASE IN PUBLIC RESPONSIBILITIES  
4 FACED BY PUBLIC HOSPITALS. THE RELAXED COMMITMENT NATIONALLY  
5 TO THE PRINCIPLE OF SOCIAL INSURANCE HAS UNDERMINED BOTH THE  
6 MEDICARE AND MEDICAID PROGRAMS WITH PROPRIETARY H.M.O.S AND  
7 PHARMACEUTICAL MANUFACTURERS AS PRIME BENEFICIARIES. WE HOPE  
8 THAT, TOMORROW, A REVAMPED CONGRESS MAY PROVIDE OPPORTUNITIES  
9 FOR REVITALIZATION OF THAT PRINCIPLE AND FOR ALTERATION OF THE  
10 RULES THAT DISPERSE SUCH LIMITED FEDERAL ASSISTANCE AS IS NOW  
11 AVAILABLE TO MANY HEALTHCARE INSTITUTIONS, ONLY SOME OF WHICH  
12 HAVE THE SAFETY NET RESPONSIBILITY OF KING/DREW MEDICAL  
13 CENTER. WE WILL WORK WITH YOU IN RESOLVING THE ITEMS THAT NEED  
14 TO BE RESOLVED AND COUNT ON YOUR COURAGE TO DEAL FAIRLY WITH  
15 THE REALITY OF PATIENT CARE AND THE PUBLIC NEED, EVEN WHEN  
16 OTHER PARTS OF OUR NATION'S GOVERNMENT WILL NOT. THANK YOU FOR  
17 THE OPPORTUNITY TO PRESENT THESE REMARKS.

18  
19 **SUP. ANTONOVICH, MAYOR:** THANK YOU. EMMETT SIMMONS AND JAMESINA  
20 HENDERSON. YES?

21  
22 **DR. MICKEY HEINRICHS:** OKAY. GOOD MORNING, EVERYBODY. MY NAME  
23 IS DR. MICKEY HEINRICHS. I'M ONE OF THE RESIDENTS IN THE  
24 PEDIATRIC DEPARTMENT AT K.D.M.C. AND I WOULD JUST LIKE TO  
25 TREAT YOU WITH A FEW NUMBERS TODAY. LET'S START WITH THE MOST



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1 NUMBER OF UNINSURED CHILDREN, GUESS WHERE IT IS? IN SPA 6, AT  
2 THE RATE OF 17%. WE HAVE THE HIGHEST NUMBER OF NEWBORNS WITH A  
3 LOW BIRTH WEIGHT AT A RATE OF 7.5% AND A TOTAL OF 1,642. SPA 6  
4 HAS THE MOST NUMBER OF OBESE CHILDREN. SPA 6 HAS THE MOST  
5 NUMBER OF CHILDREN IN FOSTER CARE. THAT WOULD BE 21.4 OUT OF A  
6 THOUSAND. SPA 6 HAS THE MOST NUMBER OF CHILD ABUSE AND NEGLECT  
7 REFERRALS TO EMERGENCY RESPONSE FOR ALL AGES AND MOST NUMBER  
8 OF SUBSTANTIATED CHILD ABUSE AND NEGLECT REFERRALS TO  
9 EMERGENCY RESPONSE. WE HAVE THE LOWEST MEDIAN INCOME FOR  
10 FAMILIES WITH CHILDREN, WITH A CHILD POVERTY RATE OF 34% AND  
11 CHILDREN LIVING IN LOW INCOME FAMILIES IS 70%. SPA 6 HAS THE  
12 LOWEST RATE OF WOMEN WITH PRENATAL CARE AT THE THIRD TRIMESTER  
13 AT 88%. SPA 6 HAS THE HIGHEST INFANT DEATH RATE, 136 PER  
14 THOUSAND LIVE BIRTHS. 136 PER THOUSAND LIVE BIRTH. SPA 6 HAS  
15 THE HIGHEST CHILD DEATH, 123, WHICH EQUALS 37% PER 100,000  
16 CHILDREN AGE ONE TO 17. WE HAVE THE HIGHEST NUMBER OF  
17 ACCIDENTAL INJURY DEATHS AT 27%. WE HAVE THE HIGHEST HOMICIDE  
18 RATE AT 41%. WE HAVE THE MOST NUMBER OF CHILDREN ADOPTIVE  
19 HOMES, 243. WE HAVE THE HIGHEST BIRTH TO TEEN MOTHERS, AGES 10  
20 TO 17, AT 1,292 AND ANOTHER GOODIE, WE HAVE THE HIGHEST TEEN  
21 BIRTH RATE, REPEATED TEEN BIRTH RATE OF 17%, 740 TEENAGE  
22 MOTHERS PER YEAR WHO HAVE THE SECOND CHILD. SO, TO US, IT  
23 SEEMS A LITTLE BIT LIKE THE MASTERMINDS OF THE METRO PLAN, IN  
24 THEIR HASTE, HAVE MAYBE FORGOTTEN THE CHILDREN. THEY FORGOT  
25 THAT THE 370,000 PLUS SOME CHILDREN OF SPA 6 ARE AN INTEGRAL





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1 PART OF THE COMMUNITY. IT IS OUR RECOMMENDATION THAT, INSTEAD  
2 OF SHUTTING DOWN PEDIATRICS, THAT THE BOARD OF SUPERVISORS  
3 ALLOW FOR 10 TO BE 15 INPATIENT WARD TO REMAIN OPEN. WE SHOULD  
4 BE ALLOWED TO KEEP OUR SUBSPECIALTY CLINICS. DR. CHERNOFF'S  
5 PROPOSED PLAN CAN BE ADJUSTED TO MEET THE NEEDS OF THE  
6 COMMUNITIES IN BOTH INSTITUTIONS. IT IS OUR SINCERE HOPE THAT  
7 WE CAN WORK TOGETHER TO KEEP K.D.M.C. ALIVE AS IT WAS MEANT TO  
8 BE.

9

10 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

11

12 **DR. MICKEY HEINRICHS:** YOU'RE WELCOME.

13

14 **SUP. ANTONOVICH, MAYOR:** LET ME CALL UP LOURDES BIRBA AND NELLE  
15 IVORY. YES, DOCTOR?

16

17 **DR. JASMINE EUGEINO:** GOOD MORNING, BOARD OF SUPERVISORS, MR.  
18 CHERNOFF. FIRST OF ALL, I WOULD LIKE TO THANK SUPERVISOR  
19 YAROSLAVSKY FOR POINTING OUT THE REPORT THAT WAS PREPARED BY  
20 MISS GILLIAM AND IT WOULD REALLY BE A SHAME IF WE DON'T GO  
21 THROUGH IT PAGE BY PAGE, SENTENCE BY SENTENCE, BECAUSE THERE'S  
22 A LOT OF MEAT IN THERE. MY NAME IS DR. JASMINE EUGEINO. I'M  
23 ONE OF THE PEDIATRIC ATTENDINGS AT K.D.M.C. AND I WORK IN BOTH  
24 INPATIENT AND OUTPATIENT AREAS OF PEDIATRICS. I'M HERE TO  
25 DECLARE THAT THE CLOSURE OF THE INPATIENT WARD AT K.D.M.C. IS



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1 A CATASTROPHE. IT'S SENDING THE COMMUNITY OF SPA 6 A VERY  
2 CLEAR MESSAGE. THERE ARE 19 HOSPITALS WITHIN A 12-MILE RANGE  
3 OF K.D.M.C. OF THIS, 13 HAVE PEDIATRIC WARDS, ONLY 5 HAVE AN  
4 N.I.C.U. WITH THE CLOSURE OF DANIEL FREEMAN, THERE WILL ONLY  
5 BE 12. THEREFORE THERE WILL BE ANOTHER LOSS OF 19 BEDS. THE  
6 BEDS AVAILABLE CLOSE TO ARE AT ST. FRANCIS HAS 14, CALIFORNIA  
7 22, HOLLYWOOD PRESS, 18, HARBOR-U.C.L.A. 25, USC 39, ST.  
8 FRANCIS, 14. THESE ARE STAFFED BEDS. OF THESE HOSPITALS, THEY  
9 HAVE 75 TO A HUNDRED PERCENT OCCUPANCY, AND THIS IS NOT IN THE  
10 WINTERTIME. LAST NIGHT, WE ADMITTED SEVEN PATIENTS TO THE WARD  
11 OF K.D.M.C., WE TRANSFER ABOUT FIVE TO SIX EVERY DAY. WE DON'T  
12 EVEN COUNT THE TEENAGERS THAT WE TRANSFER. AND I'M HERE TODAY  
13 TO BEG MR. CHERNOFF, THE SUPERVISORS, TO KEEP A 10 TO 15 BED  
14 WARD IN THIS METRO PLAN BECAUSE IT'S NOT INCLUDED. LIKE I  
15 SAID, THE IMPACT YOU WILL SEE WILL BE CATASTROPHIC. HOWEVER,  
16 THE LONG-TERM IMPACT WILL BE THE MOST PAINFUL. IT WILL NOT  
17 IMMEDIATELY BE FELT OR SEEN. JUST SLOWLY, BIT BY BIT, EACH  
18 YEAR, YOU WILL SEE AN INCREASE IN OBESITY, TEENAGE  
19 PREGNANCIES, LOW BIRTH WEIGHT, INFANT PREMATUREITY, INFANT AND  
20 CHILD DEATH, CHILD NEGLECT, DEATHS FROM ASTHMA, INCREASING  
21 CRIMES AND EVEN HOMICIDE. YOUR COMMUNITY'S WELLBEING WILL  
22 DECLINE. TODAY, WE HAVE A CHANCE OF PREVENTING THIS. WHAT ARE  
23 WE GOING TO DO ABOUT IT? CHILDREN ARE OUR MESSENGERS TO A TIME  
24 WE WILL NEVER SEE.

25



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1    **SUP. ANTONOVICH, MAYOR:** DO YOU WANT TO WRAP IT UP?

2

3    **DR. JASMINE EUGEINO:** TODAY WHAT IS YOUR MESSAGE? THANK YOU.

4

5    **SUP. ANTONOVICH, MAYOR:** THANK YOU, DOCTOR. ARNOLD SACHS. YES?

6

7    **JAMESINA HENDERSON:** GOOD MORNING, HONORABLE SUPERVISORS. THANK  
8    YOU FOR ALLOWING THE TWO HELP EVERYONE CLINIC, WHICH IS IN SPA  
9    6, TO ADDRESS YOU THIS MORNING. MY NAME IS JAMESINA HENDERSON,  
10    THE NEW C.E.O. OF THE T.H.E. CLINIC. I ASSUMED THIS POSITION  
11    THREE DAYS AGO, ON NOVEMBER 1ST, BUT I'VE BEEN A LONGSTANDING  
12    MEMBER OF THIS COMMUNITY, AS A FORMER EXECUTIVE DIRECTOR OF  
13    THE CALIFORNIA AFRICAN-AMERICAN MUSEUM FOR SIX YEARS, AS A 25-  
14    YEAR BOARD MEMBER OF THE CRYSTAL STAIRS ORGANIZATION AND AS  
15    THE FORMER VICE PRESIDENT OF PUBLIC AFFAIRS FOR LOS ANGELES  
16    UNIVERSAL PRESCHOOL. WE SUPPORT THE METROCARE PLAN. IT IS  
17    VITAL THAT THE METRO- CARE PLAN PROVIDE THE CONTINUOUS, HIGH  
18    QUALITY, ESSENTIAL, MULTI-SPECIALTY CARE FOR THE PEOPLE WE  
19    SERVE. T.H.E. CLINIC IS PRESENTLY HOUSED IN THE LOS ANGELES  
20    COUNTY RUTH TEMPLE CLINIC FACILITY. OUR NEW LOCATION AT 3834  
21    SOUTHWESTERN PROVIDES AN OPPORTUNITY TO EXTEND OUR PRIMARY  
22    CARE SERVICES THROUGH OUR HEALTH OUTREACH, PREVENTION AND  
23    EDUCATION, WE BRING COMPREHENSIVE HEALTHCARE SERVICES TO A  
24    COMMUNITY THAT WE KNOW SORELY NEEDS THEM. AS THE BOARD OF  
25    SUPERVISORS ADDRESSES ITS CHALLENGES IN THE IMPLEMENTATION AND



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1 EXECUTION OF METROCARE, PLEASE KNOW THAT THE T.H.E. CLINIC  
2 STANDS WITH YOU AS A PARTNER. OUR GOAL IS TO DELIVER THE  
3 HIGHEST QUALITY HEALTHCARE IN OUR SERVICE AREA. WE HAVE MUCH  
4 WORK TO DO TO ACHIEVE THIS GOAL. THE MANAGEMENT TEAM AND STAFF  
5 AT T.H.E. CLINIC IS CAPABLE AND UP TO THAT TASK. WE WILL BUILD  
6 ON THE SOLID LEGACY AND FINE REPUTATION THAT SYLVIA DREW IVIE  
7 BUILT WHEN SHE GUIDED OUR ORGANIZATION. WE WILL MEET THE  
8 CHALLENGES OF THE INCREASING HEALTHCARE NEED IN OUR COMMUNITY  
9 SERVICE AREA. WE'LL MEET THE CHALLENGES TO EXPAND AND WE WILL  
10 FULLY INVOLVE OUR DIVERSE COMMUNITY IN THOSE PLANS. WE WILL  
11 NEED YOUR HELP AS WE WORK TO FURTHER OUR PARTNERSHIP AND  
12 EXPAND OUR SERVICES TO MEET HEALTHCARE SERVICE DEMANDS THAT  
13 CONTINUE TO GROW. I LOOK FORWARD TO A STRONG AND SUSTAINED  
14 WORKING RELATIONSHIP.

15  
16 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

17  
18 **JAMESINA HENDERSON:** WITH ME TODAY, IN CLOSING, IS LOURDES  
19 BIRBA. LOURDES IS A MANAGEMENT OPERATIONS EXPERT WITH MORE  
20 THAN 20 YEARS EXPERIENCE. SHE CAME INTO T.H.E. SIX WEEKS AGO  
21 AND HAS SOME INFORMATION TO SHARE WITH YOU. THANK YOU FOR YOUR  
22 TIME AND INVALUABLE SUPPORT OF T.H.E. CLINIC.

23  
24 **SUP. ANTONOVICH, MAYOR:** THANK YOU. THANK YOU. DEE HARDISON.  
25 DEE HARDISON. YES?



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1  
2 **LOURDES BIRBA:** GOOD MORNING. MY NAME IS LOURDES BIRBA. I'VE  
3 BEEN THE INTERIM C.E.O. AT T.H.E. CLINIC AT THE HEART OF SPA 6  
4 FOR THE PAST SIX WEEKS AND CURRENTLY ON MS. J. HENDERSON'S  
5 MEMBER OF THE MANAGEMENT TRANSITION TEAM. THE T.H.E. CLINIC  
6 CURRENTLY PROVIDES SERVICES TO MORE THAN 10,000 INDIVIDUALS  
7 PER YEAR. CLINIC PATIENTS ARE MEN, WOMEN AND CHILDREN. WE  
8 PROVIDE MEDICAL CARE FOR AN ARRAY OF HEALTH CONDITIONS  
9 REPRESENTATIVE OF THE MAJOR HEALTH DISPARITIES FOUND IN THE  
10 UNDERSERVED POPULATION. THESE INCLUDE, OF COURSE, DIABETES,  
11 CANCER, H.I.V., HYPERTENSION AND ASTHMA. WE ALSO PROVIDE WELL  
12 CHILD AND SICK CARE FOR CHILDREN, FAMILY, FAMILY PLANNING,  
13 PRENATAL CARE AND SCREENING FOR BREAST AND PROSTATE CANCERS.  
14 ACCORDING TO OUR U.D.S., OR UNIVERSAL DATA SYSTEM DATABASE, WE  
15 KNOW THAT 56% OF OUR PATIENTS ARE UNINSURED, CLOSE TO 80 ARE  
16 COMBINED UNINSURED AND UNDERINSURED. OUR CONCERN IS T.H.E.'S  
17 ABILITY TO ABSORB FURTHER UNINSURED PATIENTS. IF THE PERCENT  
18 OF UNINSURED PATIENTS SERVED BY T.H.E. INCREASES, IT IS HIGHLY  
19 PROBABLE THAT OUR FACILITY WILL BE HIGHLY COMPROMISED AND/OR  
20 FORCED TO CLOSE BECAUSE OF LACK OF FUNDING. CLOSURE OF T.H.E.  
21 CLINIC WILL FURTHER EXACERBATE THE SHORTAGE OF HEALTHCARE  
22 AVAILABLE FOR INDIGENT PATIENTS IN SOUTHWEST AND SOUTH CENTRAL  
23 L.A. IF WE TAKE A FINANCIAL LOSS WITH EVERY UNINSURED PATIENT,  
24 AS IS TODAY, RECEIVING CARE AT OUR CLINIC. WE ASK THAT-- WE  
25 ALSO WANT YOU TO KNOW THAT THE CLINIC RELIES ON AND REFERS



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1 PATIENTS FOR SPECIALTY CARE FOR COUNTY HOSPITALS, FREQUENTLY  
2 TO M.L.K. WITH ALREADY SUBSTANTIAL WAITS IN THE COUNTY SYSTEM,  
3 WITH LUCK, ANYWHERE FROM THREE TO SIX MONTHS FOR EVALUATION  
4 AND TREATMENT, THE LOSS OF YET ANOTHER RESOURCE IS DETRIMENTAL  
5 TO MORBIDITY, IT IS COSTLY AND DETRIMENTAL TO MORTALITY. IN  
6 CLOSING, WE AT THE T.H.E. ARE COMMITTED TO SERVING THE  
7 UNDERSERVED AND CONTINUE TO BE PARTNERS WITH M.L.K., A  
8 HOPEFULLY FULL SERVICE HOSPITAL, L.A. COUNTY WHILE PAYING  
9 CLOSE ATTENTION TO THE FISCAL VIABILITY OF THE T.H.E. CLINIC.  
10 THANK YOU.

11

12 **SUP. ANTONOVICH, MAYOR:** THANK YOU. LARK GALLOWAY GILLIAM. LARK  
13 GILLIAM? YES, MA'AM.

14

15 **NELLE IVORY:** OKAY, I'M NELLE IVORY. I'VE BEEN LIVING HER IN  
16 LOS ANGELES SINCE 1945. HOWEVER, I FEEL LIKE I'M LIVING IN A  
17 DEAD ZONE. OUR HOSPITAL, OUR LIVES, OUR COMMUNITIES ARE BEING  
18 DESTROYED. TODAY, I LOOK AT ALL OF YOU AND, I'M SORRY, I'M  
19 SORRY FOR YOU, I'M SORRY FOR ALL OF US THAT WILL DIE BECAUSE  
20 OUR HOSPITAL, MARTIN LUTHER KING, HAS BEEN DESTROYED. I'M  
21 SORRY FOR THE BABIES THAT WILL NOT BE BORN THERE. I'M SORRY  
22 FOR THE YOUNG PEOPLE THAT CANNOT GO THERE FOR TREATMENT. I'M  
23 SORRY FOR THE OLD, SICK, POOR, DEPRIVED, UNEMPLOYED, HOMELESS,  
24 PREGNANT, SHOT, STABBED, HEART ATTACK, CANCER, LIVER PROBLEMS,  
25 KIDNEY PROBLEMS AND ALL OF THEM THAT TRUSTED YOU ALL TO KEEP



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1 THIS HOSPITAL OPEN FOR US SO WE CAN GET SERVICE. I'M SORRY FOR  
2 ALL OF US THAT HAVE NO POWER TO HELP OURSELVES IN THIS MEDICAL  
3 SITUATION. I'M SORRY FOR ALL THE PEOPLE THAT IS DYING AND  
4 THOSE THAT WILL DIE BECAUSE WE WILL LOSE THAT SERVICE AND OUR  
5 HOSPITAL WILL BE DESTROYED BECAUSE WE HAVE NO POWER TO KEEP IT  
6 OPEN. DEAD WILEY IS DEAD TODAY AND HIS SON NEVER SAW HIM, NOR  
7 DID HE SEE HIS SON BECAUSE HE WAS TRYING TO GET TO BIG GENERAL  
8 BECAUSE MARTIN LUTHER KING WASN'T THERE AND ALSO I'M AFRAID  
9 THAT WE WILL DIE TRYING TO GET TO THE OTHER HOSPITALS WE WILL  
10 BE ASSIGNED TO. I BELIEVE WE WILL ALL BE DEAD IN FIVE YEARS  
11 BECAUSE WE WILL HAVE NO HOPE TO HAVE OUR HOSPITAL IN OUR AREA  
12 TO SERVE US. IN ALL OF THE SOUTH CENTRAL LOS ANGELES, WE ARE  
13 WALKING DEAD WITH NO HOSPITAL AND NO MEDICAL CARE AND WE  
14 CANNOT GET TO BIG GENERAL FOR SERVICE. THE AREAS OF LOS  
15 ANGELES WEST, NORTH, ALAMEDA EAST AND EL SEGUNDO SOUTH IS OUR  
16 AREA. WE HAVE NO HOSPITALS IN THOSE AREAS. WHY? WHY? WHY? ALL  
17 THE HOSPITAL AND MEDICAL CENTERS WILL BE GONE. I AM IN A DEATH  
18 ZONE, I FEEL LIKE, WITH NO MEDICAL CARE, WE ARE DOOMED. I ASK  
19 YOU, WHY? WHY? WHY? WHY ARE YOU TAKING OUR LIFELINES AWAY FROM  
20 US? WE ARE PEOPLE, TOO! WHY DIDN'T YOU CORRECT THE PROBLEM A  
21 LONG TIME AGO WHEN YOU GAVE 17 MILLION TO SOMEBODY? NOTHING  
22 ELSE HAPPENED. I ASK YOU WHY? WHY? I SAY AGAIN, WE ARE WALKING  
23 DEAD IF WE DON'T HAVE ANY HOSPITAL OR MEDICAL CARE WITHIN FIVE  
24 YEARS AND I BELIEVE THAT. AND I ASK YOU WHY AND WHAT ARE YOU  
25 GOING TO DO ABOUT IT?





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1

2 **SUP. ANTONOVICH, MAYOR:** THANK YOU. [ APPLAUSE ]

3

4 **SUP. ANTONOVICH, MAYOR:** LET ME ASK-- THANK YOU. THERESA  
5 HUGHES. THERESA HUGHES. YES, ARNOLD?

6

7 **ARNOLD SACHS:** GOOD MORNING, SUPERVISORS. THANK YOU VERY MUCH.  
8 I DON'T KNOW WHERE TO BEGIN. ACTUALLY, THE PROBLEMS HERE, THIS  
9 IS NOT-- I LISTEN TO PEOPLE GIVE STATISTICS AND DOCTORS AND  
10 NURSES AND-- ABOUT THE CARE THAT WAS GIVEN, THE VANILLA  
11 DESCRIPTIONS THANKING THE BOARD OF SUPERVISORS FOR ALL THEIR  
12 SUPPORT, YET THIS IS NOT SOMETHING THAT JUST HAPPENED. THIS  
13 HAS BEEN GOING ON FOR 10 YEARS. THE C.M.S. WHO RAN THE  
14 INSPECTION, THEY FLUNKED THE HOSPITAL BECAUSE IT WASN'T  
15 MEETING REGULATION MINIMUM STANDARDS. THE PLANS THAT WERE  
16 CALLED FOR, THIS METRO PLAN, THIS IS A PLAN TO-- THE C.M.S. IS  
17 GIVING AN EXTENSION TO IMPLEMENT THIS PLAN SO THAT THE  
18 HOSPITAL DOESN'T CLOSE AND THE REASON C.M.S. IS GIVING THE  
19 EXTENSION IS SO THAT PEOPLE AREN'T HARMED DURING THE  
20 DOWNSIZING PROCEDURE. THIS IS NOT-- THEY'RE NOT OKAYING THE  
21 FACT THAT THE COUNTY BOARD OF SUPERVISORS IS FINALLY GETTING  
22 INTO SOME ACTION. THEY'RE SAYING, "IF YOU DON'T DO WHAT WE  
23 NEED, THE HOSPITAL WILL CLOSE, IT'S FLUNKED ITS STANDARDS, IT  
24 CAN'T OPERATE AT THAT LEVEL." HOW IS THIS METRO PLAN DIFFERENT  
25 FROM YOUR PLAN, MS. MOLINA? YOU MENTIONED THAT THE COUNTY



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1 BOARD OF SUPERVISORS HAD A PLAN THAT NEEDED TO BE DUSTED OFF?  
2 IS THIS THE PLAN? IS THIS THE SECOND PLAN? IF PEOPLE HAD BEEN  
3 HERE PRIOR TO THESE OTHER MEETINGS, THEY WOULD HAVE HEARD THAT  
4 FUNDING FOR ONE THING IS FUNDING FOR SOMETHING ELSE. \$50  
5 MILLION IS NEEDED FOR TRANSITION, \$50 MILLION IS NEEDED TO  
6 KEEP DREW SCHOOL MEDICAL STUDENTS IN NEW POSITIONS, YET \$91  
7 MILLION IS NEEDED FOR STAFF. THERE'S SO MUCH HERE. INSTEAD OF  
8 THANKING THE BOARD OF SUPERVISORS, PEOPLE SHOULD BE ON THE  
9 BOARD OF SUPERVISORS FOR NOT ACTING SOONER AND IMPLEMENTING  
10 SOME KIND OF PROGRAM. GIVING A HAND IS NOT THE SAME AS GETTING  
11 A BACKHAND. THANK YOU.

12

13 **SUP. ANTONOVICH, MAYOR:** THANK YOU, ARNOLD. VERY PERCEPTIVE.  
14 CATHERINE SCHNEIDER. YES?

15

16 **DEE HARDISON:** HONORABLE SUPERVISORS, I'M DEE HARDISON, I'M THE  
17 CHAIR OF THE HARBOR-U.C.L.A. COMMUNITY ALLIANCE. THIS WAS A  
18 BROAD-BASED COALITION OF COMMUNITY LEADERS IN SUPPORT OF THE  
19 VITAL WORK BEING DONE AT HARBOR-U.C.L.A. AND THE OTHER  
20 COMPONENTS OF THE LOS ANGELES COUNTY HEALTH SYSTEM. FOUR YEARS  
21 AGO, I WAS HERE TO UNDERSCORE THE IMPORTANCE OF KEEPING  
22 HARBOR-U.C.L.A. OPEN AS A FULL SERVICE HOSPITAL AND A LEVEL 1  
23 TRAUMA CENTER. WE SAID THEN AND WE SAY NOW THAT THE GREATER  
24 COMMUNITY CANNOT AFFORD TO LOSE ANY OF THE COUNTY'S ACUTE CARE  
25 HOSPITALS. TODAY, WE ARE HERE TO DISCUSS THE FUTURE OF MARTIN



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1 LUTHER KING, JR. HOSPITAL AND WHAT IS BEING DONE TO SAVE THIS  
2 HOSPITAL FOR THE COMMUNITY IT SERVES. AS WAS THE CASE WITH  
3 HARBOR-U.C.L.A., IT'S IMPERATIVE THAT THIS FACILITY NOT BE  
4 LOST OR A VOID CREATED IN THE HEALTHCARE SYSTEM THAT TENS OF  
5 THOUSANDS DEPEND UPON. WE ARE VERY PROUD AT HARBOR-U.C.L.A.  
6 AND THE GREAT WORK BEING DONE BY ITS PHYSICIANS, NURSES,  
7 TECHNICIANS, SUPPORT STAFF AND MANAGEMENT. IT'S IMPORTANT TO  
8 REMEMBER THAT HARBOR-U.C.L.A. IS ALREADY OPERATING AT FULL  
9 CAPACITY. LET'S MAKE SURE THAT WHAT WE DO TO SAVE M.L.K. DOES  
10 NOT UNDERMINE WHAT IS WORKING AT HARBOR-U.C.L.A. THAT SAID,  
11 THE HARBOR U.C.L.A. COMMUNITY ALLIANCE APPLAUDS THE EFFORT  
12 BEING MADE TO SAVE AND REINVENT MARTIN LUTHER KING HOSPITAL.  
13 WE RECOGNIZE FULL WELL THAT THIS IS A DAUNTING ENTERPRISE AND  
14 THAT SUCCESS CANNOT BE ASSURED. ALL OF US HAVE A STAKE IN  
15 PRESERVING AND ENHANCING THE ENTIRE LOS ANGELES COUNTY  
16 HEALTHCARE SYSTEM AND MUST DO EVERYTHING WE CAN TO HELP MEET  
17 THIS CHALLENGE. THANK YOU VERY MUCH.

18

19 **SUP. ANTONOVICH, MAYOR:** THANK YOU. GLORIA RODRIGUEZ. GLORIA  
20 RODRIGUEZ.

21

22 **LARK GALLOWAY GILLIAM:** GOOD AFTERNOON. I'M LARK GALLOWAY  
23 GILLIAM, I'M THE EXECUTIVE DIRECTOR OF THE TRINITY HEALTH  
24 COUNCIL AND A MEMBER OF THE COALITION FOR HEALTH AND JUSTICE.  
25 THANK YOU, SUPERVISORS, FOR TAKING THE TIME TO LOOK AT OUR



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1 REPORT. WE WENT TO GREAT LENGTHS, MANY SLEEPLESS HOURS TRYING  
2 TO PUT THIS TOGETHER. I DON'T THINK I CAN DO JUSTICE TO IT IN  
3 THE TWO MINUTES THAT YOU'VE ALLOWED ME BUT I WOULD LIKE TO SAY  
4 THE FOLLOWING. SUPERVISOR, YOU'VE ASKED DO WE SUPPORT THIS  
5 PLAN? AND I'VE HEARD SO MANY PEOPLE STEP FORWARD AND SAY, "WE  
6 SUPPORT THIS PLAN." IF I LEAVE YOU WITH NOTHING ELSE TODAY, I  
7 WANT YOU TO UNDERSTAND THAT I THINK WHAT YOU'RE HEARING IS A  
8 GENUINE CONCERN BY THE COMMUNITY TO KEEP THIS HOSPITAL OPEN.  
9 IT'S A GENUINE CONCERN THAT INPATIENT CARE BE IMPROVED TODAY.  
10 I'M AS WORRIED ABOUT WHAT'S HAPPENING IN THAT HOSPITAL TODAY  
11 AND THE QUALITY OF CARE THAT IS TAKING PLACE AS I AM ABOUT THE  
12 CERTIFICATION THAT NEEDS TO HAPPEN. YOU HAVE A DAUNTING TASK  
13 OF WORRYING NOT ONLY ABOUT THE FINANCES BUT THE QUALITY, THE  
14 ACCESS TO CARE AND TO MAKE SURE THAT YOU HAVE THE RESOURCES TO  
15 DO THIS AND I DO NOT UNDERESTIMATE HOW LARGE A TASK THAT IS  
16 BUT WE'VE GOT TO STRIP AWAY THE SMOKE AND MIRRORS FROM THIS  
17 PLAN AND IT TROUBLES ME THAT WE KEEP TALKING ABOUT A METRO  
18 PLAN WHEN THIS NEEDS TO BE ABOUT HOW DO WE IMPROVE THE CARE AT  
19 THIS HOSPITAL? HOW DO WE STABILIZE HEALTHCARE IN THIS REGION?  
20 ANY PLAN THAT WOULD ENTERTAINING TAKING PEOPLE AS FAR AS OLIVE  
21 VIEW HOSPITAL IS NOT A PLAN. ANY PLAN THAT WOULD NOT TAKE INTO  
22 CONSIDERATION THAT YOU HAVE AN EMERGENCY ROOM THAT SEES OVER  
23 50,000 PEOPLE A YEAR AND ONLY WILL HAVE 42 BEDS RELIES  
24 ENTIRELY TOO HEAVILY UPON THE TRANSPORTATION OF PATIENTS. AND  
25 I WOULD DARE SAY YOU HAVE AS GREAT A RISK ABOUT QUALITY OF



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1 CARE, COMPROMISING QUALITY OF CARE IN PATIENT LIVES AND SAFETY  
2 IN THAT SCENARIO AS YOU DO TODAY, THE SITUATION THAT WE FACE  
3 AT KING. WHAT HAS TO HAPPEN IS THERE NEEDS TO BE MORE  
4 OUTPATIENT SERVICE. THE 6,000 URGENT CARE VISITS IS NOT  
5 SUFFICIENT. THE INCREASE OF PEDS MAKES NO SENSE RELATIVE TO  
6 THE NEED FOR PEDIATRIC INPATIENTS. WE HAVE GONE TO GREAT  
7 LENGTHS TO GIVE YOU A SERIES OF RECOMMENDATIONS THAT WE WOULD  
8 ASK DR. CHERNOFF, WHO HAS REFUSED TO MEET WITH US, TO TAKE  
9 INTO CONSIDERATION TO IMPROVE THIS PLAN. NOT A BIG REGIONAL  
10 PLAN. WE KNOW THAT NEEDS TO BE DONE. THAT'S NOT THE TASK TODAY  
11 BUT WE WANT TO MAKE SURE THAT THIS HOSPITAL IS OPEN, THE  
12 PEOPLE ARE TRANSPORTED AND RECEIVE CARE IN A TIMELY MANNER AND  
13 THAT THE QUALITY IS THERE AND THAT YOU DO HAVE THE FINANCIAL  
14 RESOURCES YOU NEED TO MAINTAIN YOUR COMMITMENT.

15  
16 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

17  
18 **LARK GALLOWAY GILLIAM:** THIS PLAN CANNOT GO FORWARD IN ITS  
19 CURRENT FORM. IT NEEDS TO BE IMPROVED, IT NEEDS TO BE FOCUSED.  
20 THERE ARE A LOT OF UNANSWERED QUESTIONS THAT WE HOPE THAT YOU  
21 WILL TAKE THE TIME AND HAVE ANSWERED BEFORE YOU MAKE YOUR  
22 ULTIMATE DECISION.

23  
24 **SUP. ANTONOVICH, MAYOR:** THANK YOU VERY MUCH. OKAY. SUZANNE  
25 FOSTER. SUZANNE FOSTER. YES, MA'AM.



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1

2 **THERESE HUGHES:** GOOD MORNING. THERESE HUGHES, VENICE FAMILY

3 CLINIC. I'M HERE THIS MORNING TO LET YOU KNOW THAT WE ARE VERY

4 CONCERNED WITH THE PLAN AND THE LACK OF TRANSPARENCY THAT HAS

5 OCCURRED WITH THE COUNTY'S COMMUNITY PARTNERS, IN PARTICULAR

6 WITH THE PUBLIC/PRIVATE PARTNERSHIP. WE PROVIDE PRIMARY CARE

7 TO THE UNINSURED AND TO PEOPLE WITHOUT ANY OTHER ACCESS TO

8 CARE AND OUR CLINICS ARE GOING TO BE OVERRUN BECAUSE WE HAVE

9 HAD NO OPPORTUNITY TO PLAN. LIKE YOU, WE NEED THE OPPORTUNITY

10 TO SIT DOWN AND TALK WITH YOU AND SHARE WITH YOU WHAT WE HAVE

11 IN TERMS OF RESOURCES, WHAT WE HAVE IN TERMS OF CAPABILITY IN

12 NOT JUST OUR DISTRICT BUT IN THE SPAS THAT ARE DIRECTLY

13 AFFECTED BY THE CHANGES IN THIS HOSPITAL. CURRENTLY, SPECIALTY

14 CARE FOR OUR PATIENTS IS THREE MONTHS, IF YOU HAVE A CARDIAC

15 PROBLEM, A HEART PROBLEM. IT IS SIX MONTHS IF YOU HAVE

16 RHEUMATOID OR ARTHRITIS. NONE OF YOU SITTING THERE ARE GOING

17 TO HAVE A SIX-MONTH WAIT IF YOU HAVE RHEUMATOLOGY OR ARTHRITIC

18 PROBLEMS. WE HAVE A 12-MONTH WAIT FOR OUR PATIENTS FOR

19 NEUROLOGICAL PROBLEMS. THE EXACERBATION OF THIS PROBLEM IS

20 GOING TO BE INCREASED ON SEVERAL LEVELS. FIRST, BECAUSE THERE

21 IS A LOSS OF RESIDENTS THAT ARE CURRENTLY THERE AT THE DREW

22 KING CENTER AND SECOND OF ALL BECAUSE THERE IS A LACK OF A

23 PLAN THAT SHOWS US, AS PART OF YOUR WORKING COMPONENT PLAN,

24 WHO HAS HAD NO ABILITY TO SAY, THIS IS WHAT WE NEED, WHERE ARE

25 WE IN THIS PLAN, WHAT ARE WE GOING TO DO, HOW CAN WE HELP YOU?



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1   THERE IS A-- IT IS INCREDIBLE THAT THERE IS A LACK OF QUALITY  
2   PLAN IN ALL OF THIS, ESPECIALLY WITH ALL OF THE NATIONAL  
3   INTEREST ON QUALITY. QUALITY IS PART OF THE PROBLEM THAT HAS  
4   BEGUN WITH INSIDE, INTERNAL TO THIS HOSPITAL AND QUALITY IS AN  
5   ISSUE THAT NEEDS BENCHMARKS AND IT NEEDS PERIODS OF TIME THAT--  
6   - WHERE THE PUBLIC CAN SEE WHAT IS GOING ON AND, FINALLY,  
7   HISTORICALLY, WHEN LARGE SHIFTS OF MEDICAL CARE LIKE THIS  
8   HAPPEN, LIKE IT DID IN OREGON, THE PEOPLE THAT ARE SERVED IN  
9   THESE COMMUNITIES FALL OFF THE RADAR SCREEN. HOW WILL THEY GET  
10  THEIR SERVICES? YOU'RE LOOKING AT A BIG PICTURE. IT'S A  
11  PROBLEM, WE UNDERSTAND, BUT, AS PUBLIC/PRIVATE PARTNERS, WE  
12  DESERVE TO HAVE A BIT OF TRANSPARENCY IN THIS ENTIRE PROCESS  
13  AND IT HAS BEEN LACKING. THANK YOU VERY MUCH.

14

15  **SUP. ANTONOVICH, MAYOR:** THANK YOU. MICHAEL HOWARD. MICHAEL  
16  HOWARD. YES, MA'AM.

17

18  **CATHERINE SCHNEIDER:** MY NAME IS CATHERINE SCHNEIDER, I'M THE  
19  ASSISTANT DIRECTOR OF THE PROGRESSIVE JEWISH ALLIANCE. I AM  
20  ALSO A PART OF THE COALITION FOR HEALTH AND JUSTICE AND  
21  PROGRESSIVE JEWISH ALLIANCE HAS SIGNED ONTO THEIR  
22  RECOMMENDATION TO KEEP SERVICES WITHIN THE COMMUNITY. BUT I'D  
23  ALSO LIKE TO SAY THAT WHAT HAPPENS AT KING/DREW OR WHAT  
24  HAPPENS IN WATTS OR WILLOWBROOK OR SOUTH LOS ANGELES AFFECTS  
25  THE ENTIRE CITY AND THE ENTIRE COUNTY. AND, BY CUTTING





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1 SERVICES, BY DIMINISHING ACCESS, YOU WILL BE HURTING THE  
2 UNINSURED, AND THERE ARE MANY, AND THE INSURED ACROSS THE  
3 ENTIRE COUNTY. AT THE PROGRESSIVE JEWISH ALLIANCE, WE BELIEVE  
4 THAT QUALITY AND ACCESSIBLE CARE SHOULD NOT BE A FUNCTION OF  
5 GEOGRAPHY OR OF ANY OTHER FACTOR AND THAT IT COMES FROM OUR  
6 TRADITION AND OUR VALUES THAT EVERY INDIVIDUAL HAS INFINITE  
7 VALUE AND THAT SAVING A LIFE AND HEALING IS THE ULTIMATE  
8 RESPONSIBILITY. IT'S AN ETHICAL IMPERATIVE ON EVERY INDIVIDUAL  
9 AND ON THIS GOVERNMENT, NATIONAL, STATE, COUNTY, LOCAL, THIS  
10 IS OUR RESPONSIBILITY AND THIS SHOULD BE A PRIORITY FOR THE  
11 COUNTY NOT JUST TO RESOLVE THIS IN A STOPGAP EMERGENCY WAY BUT  
12 TO THINK IN TERMS OF A LONG-TERM VISION SO THAT EVERY CHILD,  
13 EVERY SENIOR CITIZEN CAN GET THE CARE THAT THEY DESERVE  
14 BECAUSE THEY RESIDE WITHIN OUR COMMUNITY. THANK YOU VERY MUCH.

15  
16 **SUP. ANTONOVICH, MAYOR:** THANK YOU. SUSAN BURTON. SUSAN BURTON  
17 AND PAMELA NARCISSE. YES, MA'AM.

18  
19 **GLORIA RODRIGUEZ:** GOOD AFTERNOON. I'M GLORIA RODRIGUEZ, C.E.O.  
20 OF THE COMMUNITY CLINIC ASSOCIATION OF LOS ANGELES COUNTY,  
21 WHICH REPRESENTS 43 CLINICS OPERATING 114 CLINIC SITES  
22 THROUGHOUT THE COUNTY. 17 OF THOSE CLINICS OPERATE 19 SITES  
23 WITHIN SPAS 6 AND 8, THE AREA THAT ARE IMPACTED BY THE  
24 METROCARE PLAN. ON BEHALF OF OUR CLINIC MEMBERS, WE WANT TO  
25 AFFIRM OUR COMMITMENT AND SUPPORT FOR THE METROCARE PLAN IN



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1 ENSURING ACCESS TO CRITICAL MEDICAL SERVICES IN THESE  
2 COMMUNITIES. HOWEVER, WE RECOGNIZE AND URGE THAT YOU INCLUDE  
3 STAKEHOLDERS IN THIS PROCESS AS WE MOVE FORWARD. THE METROCARE  
4 PROPOSAL PROVIDES THE COUNTY WITH THE NEW OPPORTUNITY TO  
5 IMPROVE THE EFFICIENCY AND EFFECTIVENESS OF HEALTHCARE  
6 DELIVERY TO ITS RESIDENTS AND WE RECOGNIZE YOUR HARD WORK IN  
7 IMPLEMENTING THIS PROPOSAL. HOWEVER, WE BELIEVE WE DESERVE A  
8 SEAT AT THE TABLE IN PLANNING WHAT WILL MOVE FORWARD. WE ALSO  
9 HAVE A NUMBER OF CONCERNS, SOME OF WHICH YOU'VE ALREADY HEARD.  
10 WE HAVE NOT SEEN AN ANALYSIS OF THE IMPACT OF THE PLAN ON  
11 OTHER PROVIDERS SUCH AS COMMUNITY CLINICS AND THE PRIVATE  
12 PARTNERS. THERE WILL BE A PERIOD OF TIME WHERE OUTPATIENT  
13 SERVICES ARE RAMPING UP AND WE ARE CONCERNED THAT MORE AND  
14 MORE RESIDENTS WILL LOOK TO THE CLINICS AND THE D.H.S. CLINICS  
15 FOR CARE DURING THIS TIME. WE ARE ALREADY, AS YOU HAVE HEARD,  
16 IMPACTED BY AN INCREASINGLY NUMBER OF UNINSURED. WE SIMPLY DO  
17 NOT HAVE THE CAPACITY CURRENTLY TO BE ABLE TO ABSORB ANY  
18 ADDITIONAL CLIENTS. WE ALSO SHARE THE CONCERN ABOUT ACCESS TO  
19 SPECIALTY CARE. SPECIALTY CARE HAS ALREADY BEEN A PROBLEM IN  
20 SOUTH CENTRAL L.A. AND THE LOSS OF DREW UNIVERSITY RESIDENTS  
21 WILL ONLY EXACERBATE THIS PROBLEM. IT'S DOUBTFUL THAT THE  
22 METROCARE PLAN, WHICH INCLUDES A MODEST INCREASE IN SPECIALTY  
23 CARE VOLUME, WILL BE SUFFICIENT. YOU'VE HEARD TESTIMONY  
24 REGARDING THE RATES OF CHRONIC DISEASE IN THIS AREA OF THE  
25 COUNTY AND, ALTHOUGH MUCH CARE CAN BE PROVIDED BY PRIMARY



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1 CARE, THIS COMES A TIME IN THE PROGRESSION OF A DISEASE THAT  
2 SPECIALTY CARE IS REQUIRED. IN CLOSING, THE COMMUNITY CLINICS  
3 WOULD LIKE TO BE AT THE TABLE WITH THE DEPARTMENT OF HEALTH  
4 SERVICES TO ESTABLISH A COORDINATED SYSTEM OF OUTPATIENT AND  
5 INPATIENT SERVICES. WE ARE A STRONG PARTNER THAT CAN HELP TO  
6 MOVE THIS PLAN FORWARD. THANK YOU.

7

8 **SUP. ANTONOVICH, MAYOR:** THANK YOU. LET ME ALSO CALL UP  
9 GERALDINE WASHINGTON AND CHRISTINE KOUNDAKJIAN. OKAY. YES,  
10 MA'AM.

11

12 **SUZANNE FOSTER:** MY NAME IS SUZANNE FOSTER AND I WORK WITH THE  
13 COMMUNITY HEALTH COUNCILS AND THE COALITION FOR HEALTH AND  
14 JUSTICE. I WOULD LIKE TO PRESENT TO YOU A THOUSAND POSTCARDS  
15 FROM CONCERNED COMMUNITY RESIDENTS IN SUPPORT OF THE KING  
16 HOSPITAL THAT MEETS THE MEDICAL NEEDS IN THE LOCAL AREA, THE  
17 LOSS OF THE SERVICES-- THE LOSS OF THE SERVICES THAT THE  
18 METROCARE PLAN PROPOSES COULD TRIGGER A MELTDOWN OF THE  
19 HEALTHCARE SYSTEM IN LOS ANGELES COUNTY. WE NEED MORE  
20 EMERGENCY ROOM AND INPATIENT BEDS, NOT LESS. WE UNDERSTAND  
21 THAT IMMEDIATE CHANGES NEED TO BE MADE BUT WE EXPECT THAT KING  
22 HOSPITAL BE BROUGHT BACK TO A FULL SERVICE, COMPREHENSIVE  
23 FACILITY WITH A LARGER EMERGENCY ROOM AS SOON AS POSSIBLE. THE  
24 MEDICAL SERVICES MUST REMAIN IN THE IMMEDIATE AREA AROUND



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1 KING/DREW AND CANNOT BE SHIPPED OUT 40 MILES AWAY TO OLIVE  
2 VIEW. THANK YOU VERY MUCH FOR YOUR TIME.

3

4 **SUP. ANTONOVICH, MAYOR:** THANK YOU. THOMAS GONZALEZ. THOMAS  
5 GONZALEZ. YES, MA'AM.

6

7 **PAMELA NARCISSE:** HI. MY NAME IS PAMELA NARCISSE. I'M THE  
8 C.E.O. AND FOUNDER OF THE ADELANTO COMMITTEE. ALSO, MY  
9 CHAIRPERSON EMERITUS WAS ANITA LULU KING, THE WIFE OF CELES  
10 KING III AND, AT THE TIME IN THE BEGINNING WHEN ALL THIS WAS  
11 GOING ON, SHE AND I ALL HAD THE FULL SUPPORT OF THE COMMUNITY  
12 OF KEEPING THE HOSPITAL OPEN, IT IS VERY CRITICAL TO KEEP THIS  
13 HOSPITAL OPEN. IF THIS HOSPITAL GOES WITH ALL THE FUNDING,  
14 THAT MEANS THAT OUR COMMUNITY WILL NO LONGER BE A COMMUNITY  
15 AND THERE WILL BE NOTHING FOR THE CHILDREN. OUR CONCERN WAS  
16 THE CHILDREN'S SAFETY AND THE HEALTH OF THE CHILDREN. THERE'S  
17 TOO MANY CHILDREN IN THAT AREA THAT ARE GETTING HURT IN  
18 ACCIDENTS, SHOT, GOING TO OTHER HOSPITALS AND ARE NOT MAKING  
19 IT ON THE WAY AND THE DEATH RATE IS ROLLING HIGH. I JUST WANT  
20 TO SAY THAT YOUR DECISION THAT YOU GUYS MAKE, BOARD OF  
21 SUPERVISORS, THAT IT IS THE RIGHT DECISION AND IT IS FOR THE  
22 QUALITY OF LIFE FOR THE CHILDREN BECAUSE THEY ARE OUR FUTURE  
23 AND I KNOW THAT THIS IS A GREAT TASK THAT YOU HAVE AND MY  
24 HEART GOES OUT TO ALL OF YOU AND TO ALL OF US IN THE COMMUNITY  
25 BECAUSE THIS IS A VERY TOUGH DECISION AND WHATEVER DECISION



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1 YOU MAKE, THAT IT WILL BE THE BEST DECISION THAT IS IN THE  
2 BEST INTEREST FOR THE QUALITY OF LIFE, NOT ONLY FOR OUR  
3 COMMUNITIES BUT OUR CHILDREN, BECAUSE THEY ARE THE FUTURE. I  
4 ALSO WANT TO SAY, I'M CONCERNED WITH THE TRANSPORTATION IN  
5 TERMS OF GOING TO OTHER HOSPITALS BECAUSE IT SEEMS THAT SO  
6 MUCH IS GOING ON IN THAT PARTICULAR AREA THAT PEOPLE AREN'T  
7 GETTING TO THE HOSPITALS IN TIME AND THE EMERGENCY IS  
8 OVERCROWDED, YOU HAVE A LONGER WAIT. I'M ALSO CONCERNED WITH  
9 MEASUREMENT B. AS A HOMEOWNER AND A TAXPAYER, I DO LIVE IN THE  
10 WATTS AREA, THIRD GENERATION THERE, WE HAD NO PROBLEM PUSHING  
11 MEASUREMENT B FOR MONIES TO BE RAISING OUR TAXES TO KEEP THE  
12 TRAUMA CENTER OPEN AND THAT HAS NOT EXISTED. AND MY QUESTION  
13 TO YOU IS, WHAT HAPPENED TO THE MONEY? I HOPE WHATEVER  
14 DECISION ANYONE MAKES, THAT THEY MAKE THE RIGHT DECISION FOR  
15 EVERYONE IN THE COMMUNITY AND LET'S STOP GENOCIDING THE  
16 CHILDREN BECAUSE RIGHT NOW THE KIDS ARE HOPELESS, THEY ARE  
17 SCARED, AND, AS A PARENT, I AM, TOO, BECAUSE, RIGHT NOW, IT'S  
18 A TURMOIL OVER THERE AND IT'S REALLY HARD AND TO GET UP IN THE  
19 MIDDLE OF THE NIGHT, LIKE I DO, WHEN PARENTS CALL ME TO SEE  
20 THAT THEIR CHILD HAS GOTTEN SHOT, IT'S REALLY A SAD THING TO  
21 SIT UP AND WATCH A MOTHER LOSE A CHILD BECAUSE THEY DON'T KNOW  
22 WHAT HOSPITAL THEY'RE GOING TO. THANK YOU.

23

24 **SUP. ANTONOVICH, MAYOR:** THANK YOU. MARTIN MARTINEZ. MARTIN  
25 MARTINEZ. YES, MA'AM.



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1  
2 **CHRISTINE KOUNDAKJIAN:** MY NAME IS CHRISTINE KOUNDAKJIAN. I  
3 USED TO BE ONE OF THE REGISTERED NURSES AT KING/DREW. I  
4 CURRENTLY AM NOT THERE; HOWEVER, I WOULD TOTALLY COME BACK IF  
5 THINGS, YOU KNOW, WORK OUT. THIS MORNING WHEN I WOKE UP, I'M  
6 SURE, MR. ANTONOVICH, YOU PROBABLY READ THE DAILY BREAD. IT  
7 SAID, IN THE DAILY BREAD, THE CHOICE THAT ALL OF YOU BOARD OF  
8 SUPERVISORS AND DR. CHERNOFF MAKE TODAY WILL DETERMINE YOUR  
9 TOMORROW. WORKING AT KING/DREW MEDICAL CENTER FOR CLOSE TO 7  
10 YEARS, I'VE WORKED IN MOST OF THE DEPARTMENTS. I STARTED IN  
11 THE EMERGENCY ROOM, I WORKED IN THE TRAUMA CENTER, I WORKED IN  
12 THE ICU'S RECOVERY ROOM CLINICS. IT IS CRITICAL. I MEAN, I  
13 KNOW YOU HAVE SHORT TERM GOALS AND LONG-TERM GOALS, BUT IT IS  
14 CRITICAL THAT WE MAINTAIN THE EMERGENCY SERVICES. I'LL START  
15 WITH EMERGENCY SERVICES BECAUSE WE ALL KNOW THERE'S MEDICAL  
16 PROBLEMS, THERE'S TRAUMA PROBLEMS. A HEART ATTACK VICTIM COULD  
17 BE STABILIZED IN E.R. OR A CATH LAB BUT A TRAUMA VICTIM, BE IT  
18 A BLUNT TRAUMA, PENETRATING TRAUMA, NEEDS SURGERY TO  
19 STABILIZE. THEY CAN'T BE STABILIZED ANY OTHER WAY. I KNOW,  
20 DOWN THE LINE, YOU GUYS PLAN TO OPEN THE TRAUMA CENTER BUT  
21 IT'S CRITICAL THAT WE HAVE OPERATING ROOMS. IT'S CRITICAL THAT  
22 WE HAVE GENERAL SURGERY AND THAT'S ONE THING. SECOND,  
23 N.I.C.U., VERY CRITICAL TO HAVE N.I.C.U. BABIES. THE NUMBER  
24 ONE WAY BABIES DIE IS THROUGH RESPIRATORY. IF YOU DON'T  
25 ADDRESS THE RESPIRATORY DEPRESSION OR ARREST, IT WILL LEAD TO



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1 CARDIAC AND, ONCE YOU GET TO CARDIAC, ANY NEONATOLOGIST OR  
2 PEDIATRICIAN WILL TELL YOU IT'S HARD TO COME BACK. SECOND,  
3 GERIATRICS. OUR GERIATRIC POPULATION, I PARKED REALLY CLOSE BY  
4 AND I WENT UP THE HILL ON THE INCLINE AND I WAS OUT OF BREATH.  
5 IMAGINE THESE GERIATRICS HAVING TO FIGURE OUT WHERE THEY'RE  
6 GOING TO GO FOR TRANSPORTATION. INITIALLY, I LIKED THE IDEA  
7 OF, OH, SHUTTLES TO HARBOR-U.C.L.A., BUT BE REAL, THAT'S NOT  
8 GOING TO HAPPEN. IT'S NOT GOING TO BE REALISTIC BECAUSE  
9 THEY'LL BE, LIKE, OH, MY GOD, HOW AM I GOING TO GET TO THE  
10 SHUTTLE, UNLESS IT'S A DIAL A RIDE SERVICE. THIRD, OBSTETRICS.  
11 WE ALL KNOW OBSTETRICS. WE HAVE THE HIGHEST RISK PATIENT  
12 POPULATION WHO DELIVER, I HATE TO SAY THIS, IN THE REST ROOM,  
13 IN TOILETS, CRACK MOTHERS. DO YOU THINK FOR ONE MINUTE PRIVATE  
14 INDUSTRY WANTS THOSE PATIENTS? ABSOLUTELY NOT. WE NEED THAT.  
15 PEDS I.C.U. AGAIN, THE E.R. AT KING/DREW, I DON'T KNOW IF ANY  
16 OF YOU HAVE TOURED THE HOSPITAL, I'VE WORKED IN THE EMERGENCY  
17 ROOM. THE E.R. IS NOT A PLACE TO HOLD PEDIATRIC CRITICAL  
18 PATIENTS UNTIL THEY'RE TRANSPORTED OUT. I'VE ALSO DONE  
19 TRANSPORT FOR A AMBULANCE COMPANY. IN ORDER FOR YOU TO, YOU  
20 KNOW, MONITOR A CRITICAL PEDIATRIC PATIENT, YOU NEED TO BE  
21 REALLY OBSERVANT AND ON IT, AND THEN WE DEAL WITH SO MANY  
22 OTHER EMERGENCY CASES, INTOXICATED PATIENTS AND WE ALL KNOW  
23 MOST OF THESE PEOPLE DON'T HAVE PRIMARY CARE AND THEY USE THE  
24 EMERGENCY ROOM FOR THEIR CARE. AND WHAT I'M SAYING IS WE NEED  
25 A PEDS ICU. THAT'S CRITICAL AND THAT COULD BE DOWN THE LINE,





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1 TOO, IN YOUR LONG TERM CARE. LAST BUT NOT LEAST, LET ME JUST  
2 FINISH WITH THIS, IS WE-- WHAT WAS THE LAST THING? OH. TREAT--  
3 YOU WANT RECRUITMENT, YOU WANT QUALITY, YOU WANT  
4 ACCOUNTABILITY. I'M ALL FOR ACCOUNTABILITY. AND I HATE TO SAY  
5 THIS BUT WHO ARE YOU GUYS ACCOUNTABLE TO? I KNOW YOU GUYS ARE  
6 DOING YOUR BEST BUT PLEASE THINK ABOUT IT.

7

8 **SUP. ANTONOVICH, MAYOR:** THANK YOU. OKAY. RUTH MAYFEELD. M-A-Y-  
9 H-E-T-L-L. YES. YOU'RE ON.

10

11 **GERALDINE R. WASHINGTON:** GOOD MORNING. I'M GERALDINE R.  
12 WASHINGTON, PRESIDENT OF THE LOS ANGELES N.A.A.C.P. THANK YOU  
13 FOR THE OPPORTUNITY TO SPEAK TODAY IN SUPPORT OF A FULL  
14 SERVICE HOSPITAL AND SCHOOL OF MEDICINE AT MARTIN LUTHER KING  
15 HOSPITAL. YOU MUST NEVER FORGET IT WAS THE LACK OF A PLACE FOR  
16 SOUTH ANGELINOS TO GO FOR HEALTHCARE AND EMERGENCY SERVICES  
17 THAT LED TO THE CIVIL DISTURBANCE IN 1967. MANY OF US ARE HERE  
18 TODAY BECAUSE OF THE COMMITMENT AND PROMISE TO BUILD A FULL  
19 SERVICE HOSPITAL AND MEDICAL SCHOOL. OVER 40 YEARS AGO, THAT  
20 PROMISE WAS KEPT. TODAY, AS WE SPEAK, PLANS ARE BEING MADE TO  
21 DOWNSIZE AND DISMANTLE AND REDUCE THE SERVICES OF THAT  
22 FACILITY. THE LOS ANGELES N.A.A.C.P. JOINS AND SUPPORTS THESE  
23 WHO REMEMBER THE DAYS BEFORE MARTIN LUTHER KING, JR. HOSPITAL  
24 AND MEDICAL CENTER WERE BUILT. WE FOUND A WAY TO BUILD  
25 KING/DREW MEDICAL SCHOOL AND CENTER AT THAT TIME. LOS ANGELES



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1 HAS A HISTORY OF SOLVING DIFFICULT PROBLEMS, SO I ASK YOU,  
2 SUPERVISORS, DR. CHERNOFF AND ANYBODY ELSE WHO HAS AUTHORITY  
3 TO DO SO, LET'S GET BUSY, LET'S TRY THIS-- I KNOW IT IS A  
4 DIFFICULT PROBLEM BUT LET'S SOLVE THIS PROBLEM AND KEEP KING--  
5 MARTIN LUTHER KING. THANK YOU.

6

7 **SUP. ANTONOVICH, MAYOR:** THANK YOU, MISS WASHINGTON. LENNETTE  
8 HILL. YES, SIR?

9

10 **THOMAS GONZALEZ:** THANK YOU. HELLO, MY NAME IS THOMAS GONZALEZ  
11 AND I'M THE DISTRICT DIRECTOR FOR THE LEAGUE OF UNITED LATIN  
12 AMERICAN CITIZENS, L.U.L.A.C. WE IN L.U.L.A.C. THOUGHT THAT WE  
13 SHOULD BE HERE IN SUPPORT OF THE PLAN OR ANY PLAN TO KEEP  
14 MARTIN LUTHER KING, JR. HOSPITAL RUNNING AT FULL CAPACITY. WE  
15 ARE IN FAVOR OF FIXING THE PROBLEMS IDENTIFIED SO THAT THE  
16 COMMUNITY AT LARGE CAN BENEFIT FROM A FULL SERVICE HOSPITAL  
17 THAT IS THE LIFELINE OF SO MANY FAMILIES IN SOUTH, SOUTH  
18 CENTRAL LOS ANGELES, ESPECIALLY THE POOR. WE ASK THAT MARTIN  
19 LUTHER KING, JR. HOSPITAL NOT BE CLOSED AND THAT OUR TRAUMA  
20 CENTER BE RESTORED. THE HOSPITAL IS OUR USC MEDICAL CENTER. IT  
21 IS OUR U.C.L.A. MEDICAL CENTER. JUST AS WE WOULD NOT CONSIDER  
22 CLOSING THESE INSTITUTIONS, WE ASK THAT GOVERNMENT ESTABLISHED  
23 FOR THE PEOPLE DOES EVERYTHING IN ITS POWER TO CONTINUE  
24 SERVING ALL OF THE PEOPLE ALL OF THE TIME. THANK YOU.

25



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1   **SUP. ANTONOVICH, MAYOR:** THANK YOU. MORRIS GRIFFIN. MORRIS  
2   GRIFFIN. YES?

3

4   **MARTIN MARTINEZ:** I'M MARTIN MARTINEZ. I'M THE POLICY DIRECTOR  
5   FOR THE CALIFORNIA PAN ETHNIC HEALTH NETWORK OR CPEHN. WE'RE A  
6   STATEWIDE ORGANIZATION HEADQUARTERED IN OAKLAND AND I'M HERE  
7   ON BEHALF OF OUR L.A. AREA CONSTITUENCY. WE PRIMARILY WORK ON  
8   ISSUES RELATED TO THE HEALTH OF COMMUNITIES OF COLOR IN  
9   SACRAMENTO AND WE'RE LEADERS IN THE FIGHT TO ADDRESS RACIAL  
10   AND ETHNIC HEALTH DISPARITIES AND CULTURAL AND LINGUISTIC  
11   ACCESS TO CARE AND WE DON'T NORMALLY GET INVOLVED IN ISSUES AT  
12   A COUNTY LEVEL. HOWEVER, WE HEARD REALLY CLEARLY FROM OUR LOS  
13   ANGELES CONSTITUENTS HOW IMPORTANT THIS ISSUE IS, HOW  
14   IMPORTANT IT IS TO HAVE A FULL SERVICE HOSPITAL AND MEDICAL  
15   SCHOOL AT KING/DREW. SO WE LENT OUR NAME AND WANTED TO GET  
16   INVOLVED AND WE'VE JOINED THE COALITION FOR HEALTH AND JUSTICE  
17   AND WE STRONGLY SUPPORT THE RECOMMENDATIONS THAT HAVE BEEN PUT  
18   OUT BY THE COALITION FOR HEALTH AND JUSTICE AND BY COMMUNITY  
19   HEALTH COUNCILS AND WE STRONGLY ECHO THE COMMENTS MADE BY  
20   COMMUNITY HEALTH COUNCILS. IN PARTICULAR, THAT SERVICES MUST  
21   BE BROUGHT UP TO FULL CAPACITY AND THEY MUST BE KEPT IN THE  
22   LOCAL AREA. WE'VE CLEARED IDENTIFIED, IN OUR OTHER WORK TO  
23   ADDRESS OBESITY AND OTHER HEALTH DISPARITIES, HOW LOCATION CAN  
24   IMPACT YOUR HEALTH, WHETHER YOU LIVE OR DIE, QUITE FRANKLY,  
25   AND HOW IMPORTANT IT IS. WE ALSO BELIEVE IN OUR WORK AROUND



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1 CREATING ORGANIZATIONAL-- CREATING ORGANIZATIONS THAT ARE MORE  
2 CULTURALLY COMPETENT AND ACCOUNTABLE TO THE COMMUNITY AND THAT  
3 EFFECTIVELY ADDRESS RACIAL AND ETHNIC HEALTH DISPARITIES.  
4 WE'VE RECOGNIZED HOW IMPORTANT IT IS TO HAVE COMMUNITY  
5 OVERSIGHT OF ORGANIZATIONS AND SO WE PARTICULARLY ECHO THE  
6 COMMENT THAT WE MUST REINSTATE AND DELEGATE CLINICAL AND  
7 ADMINISTRATIVE OVERSIGHT TO A LOCAL HOSPITAL ADVISORY BOARD  
8 CONSISTING OF HEALTHCARE EXPERTS AND COMMUNITY  
9 REPRESENTATIVES. SO, AGAIN, WE STRONGLY SUPPORT THE  
10 RECOMMENDATIONS IN THE LETTER THAT WAS SENT TO YOU OUT OF  
11 COALITION AND COMMUNITY HEALTH COUNCILS AND THANK YOU FOR YOUR  
12 TIME.

13

14 **SUP. ANTONOVICH, MAYOR:** THANK YOU. YES, MA'AM.

15

16 **LENNETTE HILL:** HI. I'M LENNETTE HILL AND, OF COURSE, AS THE T-  
17 SHIRT READS, LET'S SAVE KING/DREW. LET'S NOT DOWNSIZE IT,  
18 LET'S NOT CUT IT BACK, LET'S NOT START A PROCESS OF  
19 ELIMINATION, BECAUSE WE KNOW WHEN THE CUTS START HAPPENING TO  
20 OUR HOSPITALS, THEY USUALLY CLOSE, AND WHEN THEY USUALLY  
21 CLOSE, THEY DON'T USUALLY OPEN BACK UP. THAT IS JUST THE  
22 LEGACY OF POOR HEALTHCARE SAFETY NET HERE IN THIS GREAT  
23 CALIFORNIA STATE I'VE COME TO KNOW AND IT'S HAPPENING ALL  
24 AROUND THE COUNTRY BECAUSE OF WHAT? PRIVATIZATION. THE PEOPLE  
25 DESERVE BETTER. OF COURSE WE KNOW THIS. WE HAVE A TAX PAYING



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1 PUBLIC THAT HAS NOT BEEN HEARD FOR VERY, VERY LONG TIME NOW  
2 AND SO NOW WE'RE AT A STATE OF EMERGENCY WITH OUR HEALTHCARE  
3 SAFETY NET, WHICH IS WHAT SUPERVISOR BURKE HAD BEEN SAYING  
4 THAT WE HAVE TO HAVE AN EMERGENCY MEETING TO SAVE OUR  
5 HEALTHCARE SAFETY NET BECAUSE AS WE YOU KNOW, TERRORISM, T.B.,  
6 IT HAS NO BOUNDARIES. THIS IS A VERY MUCH FACT OF LIFE HERE  
7 AND I'M HOPING THAT, WITH THE PROP B, THAT WE CAN GET A  
8 ITEMIZED REPORT AS TO WHERE OUR TAX DOLLARS HAVE BEEN GOING  
9 BECAUSE, WHETHER YOU'RE POOR OR RICH, HEY, YOU'RE GOING TO PAY  
10 TAXES AND I THINK THAT WE ARE OWED THAT MUCH AS A COMMUNITY. I  
11 HOPE THAT WE DO NOT TRANSFER ANYTHING TO OLIVE VIEW. U.C.L.A.  
12 IS ALREADY OVERCROWDED. YOU'RE GOING TO HAVE TO WAIT AT LEAST  
13 UNTIL 12 HOURS BEFORE SOMEONE SEES YOU IN THAT EMERGENCY ROOM,  
14 SO I JUST THINK WE NEED TO JUST WORK WITH KING AND KEEP IT AND  
15 EXPAND ITS SERVICES, EMERGENCY, TRAUMA AND, OF COURSE,  
16 OBSTETRIC-- OBSTETRICS, YEAH, AND GYNECOLOGY AND EVERYTHING  
17 ELSE THAT A REAL FUNCTIONING HOSPITAL NEEDS, WE NEED MORE  
18 CARE, NOT LESS CARE. THE TAXPAYERS DESERVE THAT MUCH AND WE  
19 NEED TO RETAIN THOSE JOBS AND, OF COURSE, WE SHOULD CONTINUE  
20 AS FAR AS BRINGING THE COMMUNITY BACK INTO THE PROCESS OF THE  
21 HOSPITAL, NOT JUST ADMINISTRATORS AND CARPETBAGGERS. THANK  
22 YOU. HAVE A BLESSED DAY.

23

24 **SUP. ANTONOVICH, MAYOR:** THANK YOU. LET ME ALSO CALL UP ONCE  
25 AGAIN MARIA BENITO. YES?



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1

2 **MORRIS GRIFFIN:** TO THE CHAIR, MEMBERS OF THE BOARD, I'M MORRIS

3 GRIFFIN, BIG MONEY GRIFF, COMMUNITY ACTIVIST AND, SINCE THE

4 TAKEOVER IS COMING TO ITS EXISTENCE, I'VE BEEN ON THE FRONT

5 LINE TRYING TO HELP US HELP EACH OTHER HELP OURSELVES AND

6 TRYING TO UNDERSTAND HOW WE CAN RESOLVE THIS PROBLEM. AND NOW

7 I'M SEEING THAT OTHER PROBLEMS ARE EXISTING, SUCH AS THE NAME

8 CHANGE. I'M HERE TODAY TO ASK YOU ALL TO REALLY CONSIDER NOT

9 CHANGING MARTIN LUTHER KING. IF YOU'RE GOING TO DO THAT,

10 PLEASE ADD HARBOR GENERAL AT THE END. WE DON'T WANT TO

11 DISRESPECT THE MAN THAT HAS TAKEN US AND BROUGHT US TO THE

12 POINT WHERE WE'RE DEALING WITH DISCRIMINATION TO ITS HIGHEST

13 LEVEL. WE WANT TO RESPECT THIS MAN. SO LET'S DO WHAT WE NEED

14 TO DO IN TERMS OF MAKING SURE THAT THE MEDIA UNDERSTANDS THAT,

15 IN THE INTERIM OF THIS TAKEOVER, HARBOR IS NOW UNDER-- IS NOW

16 MANAGING THIS HOSPITAL, SO LET'S GIVE THEM THEIR RECOGNITION

17 BUT LET'S DON'T DISRESPECT DR. MARTIN LUTHER KING. IN ADDITION

18 TO THAT, WE'VE LOST, IN THE STATE OF CALIFORNIA, OVER 44

19 HOSPITALS. 10 OF THEM HAS BEEN IN LOS ANGELES. THIS IS A

20 DISGRACE. IF SOMETHING WAS TO HAPPEN TO US TODAY, WE WOULD NOT

21 HAVE A PLACE TO GO TO WHERE WE COULD BE RECEIVED AND RECEIVE

22 THE KIND OF EMERGENCY THAT WE NEED. I'M GETTING REPORTS FROM

23 VARIOUS PEOPLE WHO VISIT KING NOW THAT THEY'RE IN THERE FOR A

24 HALF A DAY. SO HELP ME UNDERSTAND, HELP US UNDERSTAND, HOW IS

25 IT THAT, IN THIS INTERIM OF TAKING OVER, THAT WE'RE STILL



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1 HAVING PROBLEMS OF BEING SERVICED? THIS YOUNG LADY TOLD ME  
2 THAT SHE CAME IN, GLORIA MOLINA AND SUPERVISOR YVONNE  
3 BRATHWAITE- BURKE, SHE HAD A EARRING ENLARGED IN HER NOSE AND  
4 THAT IT HAD PERSIST THROUGH AND SO IT CAUSED A GREAT DEAL OF  
5 PAIN IN HER NOSE TO WHERE SHE WAS HIT, SHE WAS HIT AND SO NOW  
6 THE NEEDLE PORTION WAS IN HER LIP AND IT WAS SWELLED UP AS BIG  
7 AS YOU COULD IMAGINE A BEETLE OR A BUMBLE BEE WOULD DO TO  
8 ONE'S LIP.

9

10 **SUP. ANTONOVICH, MAYOR:** OKAY.

11

12 **MORRIS GRIFFIN:** SHE SAT IN THERE FOR ALMOST A HALF A DAY JUST  
13 TO BE SERVICED. WE THAT THAT'S HORRIBLE. WE THINK THAT'S  
14 DEPLORABLE, DISRESPECTFUL. SO I'M JUST ASKING THAT, IN THIS  
15 TAKEOVER, PLEASE DO THAT MUCH, IF NOTHING ELSE.

16

17 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

18

19 **MORRIS GRIFFIN:** THANK YOU.

20

21 **SUP. ANTONOVICH, MAYOR:** MARIA. DO WE NEED A TRANSLATOR?

22

23 **(VOICE OF INTERPRETER):** GOOD AFTERNOON. MY NAME IS MARIA. I'VE  
24 BEEN LISTENING TO EVERYTHING THAT PEOPLE HAVE TALKED ABOUT  
25 THIS ISSUE AND THEY'RE WELL PREPARED. I'M NOT. I JUST WANT YOU





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1 TO HEAR THAT I'M ONE OF THOSE PEOPLE THAT WANDER AROUND  
2 WORRIED WHAT'S GOING TO HAPPEN TO THIS HOSPITAL.

3

4 **MARIA JACINTO:** (SPEAKING SPANISH) .

5

6 **(VOICE OF INTERPRETER):** ALL THOSE HOSPITALS THAT SHE JUST  
7 MENTIONED, THEY'RE ANNOUNCING THAT THEY WILL BE CLOSING THEIR  
8 EMERGENCY SERVICES. THESE TYPE OF ANNOUNCEMENTS AS FAR AS THE  
9 EMERGENCY SERVICES IS WORRYING AND PANICKING EVERYBODY IN THE  
10 COMMUNITY. WE DON'T KNOW WHERE WE WILL BE TAKEN CARE OF ANY  
11 MORE. WE DEPEND ON YOUR SUPPORT AND WE THANK YOU FOR YOUR  
12 SUPPORT TO THESE ISSUES. THANK YOU VERY MUCH.

13

14 **SUP. ANTONOVICH, MAYOR:** THANK YOU. THAT CONCLUDES THE NUMBER  
15 OF INDIVIDUALS WHO HAVE SIGNED UP TO SPEAK ON THIS TOPIC BUT  
16 JUST ONCE AGAIN, TO REITERATE, WHY WE ARE WHERE WE ARE TODAY.  
17 WE ARE WHERE WE ARE TODAY IS BECAUSE THE HOSPITAL FAILED THE  
18 ABILITY TO DELIVER QUALITY SERVICES. PATIENTS-- SOME PATIENTS  
19 DIED, SOME PATIENTS HAD INFERIOR MEDICAL TREATMENT PROVIDED TO  
20 THEM. AS A RESULT OF THAT, THEY LOST THEIR ACCREDITATION.  
21 THEIR ACCREDITATION WAS LOST UPON THEIR PERFORMANCE. SINCE  
22 THAT ACTION HAS BEEN TAKEN, NEARLY 40 DOCTORS HAVE BEEN FIRED  
23 OR RESIGNED. NEARLY 250 EMPLOYEES HAVE BEEN FIRED AS A RESULT  
24 OF THE INABILITY OF PROVIDING SERVICE TO THE COMMUNITY. SO  
25 WHEN WE HEAR INDIVIDUALS SAYING WE NEED TO KEEP IT OPEN AS IS,



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1 WE'RE TALKING ABOUT RETAINING THE STATUS QUO AND GIVING THAT  
2 COMMUNITY, WHERE THAT COMMUNITY HOSPITAL IS LOCATED, INFERIOR  
3 MEDICAL SERVICE. THERE IS A DIRECTION, WHEN PRESIDENT BUSH WAS  
4 ELECTED, THAT WE WOULD NO LONGER PROVIDE BAIL-OUT MONEY FOR  
5 HOSPITALS THAT FAILED ACCREDITATION. AS A RESULT OF THAT, WE  
6 HAD TO INCREASE THE STANDARDS. THOSE STANDARDS ARE BEING MET  
7 TO ENSURE THAT PEOPLE, REGARDLESS OF THEIR ECONOMIC STATUS,  
8 WILL BE AFFORDED QUALITY CARE IN THE MEDICAL FACILITY THAT'S  
9 RECEIVING FEDERAL MONEY. THAT'S A STANDARD THAT EVERYBODY CAN  
10 BENEFIT BY. JUST BAILING OUT AN INFERIOR MEDICAL FACILITY IS  
11 NOT BENEFICIAL TO THE PATIENT OR TO THE TAXPAYER. WE ARE WHERE  
12 WE ARE TODAY BECAUSE THE PRESIDENT AND MEMBERS OF CONGRESS AND  
13 THE STATE LEGISLATURE AND THE GOVERNOR HAVE WORKED TO ENSURE  
14 THAT WE WILL CONTINUE RECEIVING THE FUNDING AS WE DO A  
15 RESTRUCTURING OF THIS FACILITY. IT'S A RESTRUCTURING THAT IS  
16 DONE AS A RESULT OF THE RESULTS OF THE PAST FAILURES. AND,  
17 THROUGH THIS RESTRUCTURING, WE HOPE TO ENSURE THAT QUALITY  
18 CARE WILL BE GIVEN TO PEOPLE OF ALL RACES, COLORS AND CREEDS  
19 AND ECONOMIC STATUS. THAT'S WHERE WE ARE TODAY. DR. CHERNOFF  
20 HAS WORKED WITH THE COMMUNITY. WE HAVE TO COMMEND HIM FOR HIS  
21 LEADERSHIP IN BRINGING FORTH A PROPOSAL THAT'S BEFORE THE  
22 BOARD IN WHICH THE BOARD HAS DISCUSSED. IT MAY HAVE  
23 SHORTCOMINGS BUT IT'S A WAY OF PROVIDING SERVICE FOR THE  
24 COMMUNITY AND THAT'S WHY WE ARE WHERE WE ARE TODAY. AND WE  
25 APPRECIATE THE PUBLIC COMING FORWARD, SHARING THEIR VIEWS.



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1 THOSE VIEWS WILL BE CONSIDERED BY THE DEPARTMENT AS WE MOVE  
2 FORWARD TO ENSURE THAT WE DO HAVE A QUALITY CARE IN THE  
3 COMMUNITY THAT'S BEING SERVED. DR. CHERNOFF? SUPERVISOR MOLINA  
4 AND SUPERVISOR KNABE. I'M SORRY.

5

6 **SUP. MOLINA:** LET ME THANK A LOT OF THE SPEAKERS THAT CAME  
7 TODAY. I THINK THAT MANY OF YOU RECOGNIZE AND UNDERSTAND THE  
8 DILEMMA THAT WE'RE IN AND, OBVIOUSLY, WE ARE VERY FORTUNATE TO  
9 HAVE RECEIVED THIS LETTER OF EXTENSION FROM C.M.S. AND IT IS  
10 GOING TO BE TOUGH TO EVEN MEET THAT STANDARD BY MARCH. WE'RE  
11 GOING TO MAKE THAT EFFORT BUT YOUR CONCERNS, YOUR ISSUES THAT  
12 ARE BEING RAISED ARE SOMETHING THAT WE ARE WELL AWARE OF AND  
13 ARE CONCERNED; THE FACT THAT THERE ARE NOT ENOUGH BEDS, THE  
14 FACT THAT THE ACCESS ISN'T AS GREAT AS IT SHOULD BE, THE FACT  
15 THAT MANY OF THE SPECIALTIES ARE BEING TAKEN OUT AND THE FACT  
16 THAT THERE IS STILL GOING TO BE A BACKLOG IN MANY OF THOSE  
17 AREAS. AS WE PROCEED THROUGH THIS METRO PLAN AND AS WE  
18 IMPLEMENT IT, I THINK THERE ARE MANY THINGS THAT WE NEED TO  
19 KEEP WATCH ON AS THIS PLAN IS TAKEN INTO-- IS PUT IN PLACE.  
20 BUT I THINK THAT, AT THE SAME TIME, WE HAVE TO RECOGNIZE AND  
21 UNDERSTAND THAT WE'VE BEEN GIVEN AN OPPORTUNITY TO REBUILD AND  
22 RESTRUCTURE AND WE'RE GOING TO TAKE ADVANTAGE OF IT. WHILE IT  
23 ISN'T AT THE VERY, VERY BEST THAT WE CAN DO, IT IS GOING TO BE  
24 THE KIND OF PLAN THAT AT LEAST IS GOING TO LEAVE IN PLACE A  
25 HOSPITAL. IT IS GOING TO LEAVE IN PLACE AN EMERGENCY ROOM AND



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1 HOPEFULLY, FROM THERE, CONTINUE TO BUILD FORWARD. IF WE CAN  
2 MEET OUR DEADLINES AND CONTINUE TO MAINTAIN A STANDARD OF  
3 CARE, IT IS GOING TO BE ACKNOWLEDGED AND AUTHORIZED BY C.M.S.  
4 AS WELL AS THE COMMUNITY. SO WE HAVE A LOT OF WORK AHEAD OF US  
5 BUT I DON'T WANT TO LET THE COMMUNITY DOWN FROM THE STANDPOINT  
6 OF THE KIND OF INPUT THAT THEY ARE PROVIDING. I THINK THAT THE  
7 ISSUE OF THE PARTNERSHIP WITH THE COMMUNITY, PARTICULARLY MANY  
8 OF OUR P.P.P.S, IS A VERY SIGNIFICANT ONE, I THINK THE ISSUES  
9 OF THE KIND OF IMPACT THAT IT'S GOING TO HAVE IS SOMETHING  
10 THAT WE'RE GOING TO ASK DR. CHERNOFF TO CONTINUE TO EVALUATE.  
11 THIS PLAN IS NOT PERFECT BUT IT IS THE BEST PLAN WE HAVE IN  
12 PLACE AT THIS VERY MOMENT AND AND UNLESS UNDER SOME KIND OF  
13 MIRACLE THAT SOMETHING ELSE COULD BE PUT IN PLACE BUT, AT THIS  
14 POINT IN TIME, WE REALLY HAVE VERY FEW OPTIONS AVAILABLE TO  
15 US. I WOULD JOIN WITH SOME OF THE SPEAKERS IN TRYING TO FIND A  
16 WAY THAT WE WOULD KEEP THE HOSPITAL'S NAME IN PLACE FIRST. I  
17 THINK THERE'S NOTHING WRONG WITH CALLING IT MARTIN LUTHER KING  
18 HOSPITAL AS IS. I THINK, WHETHER IT'S AFFILIATED OR WHETHER  
19 YOU PUT IT IN PARENTHESES THAT IT'S HARBOR-U.C.L.A. IS FINE  
20 BUT I THINK THAT THE COMMUNITY HAS ALWAYS APPRECIATED THAT  
21 HOSPITAL BEING THERE. THERE'S NO DOUBT THAT, AT TIMES, THEY  
22 PROBABLY WISHED IT WOULD HAVE HAD BETTER CARE. I THINK WE ALL  
23 DO. BUT I THINK IT'S VERY IMPORTANT FOR A COMMUNITY TO HAVE  
24 SOME KIND OF CONTINUITY AND THAT HOSPITAL HAS PROVIDED AN  
25 AWFUL LOT OF CARE FOR MANY, MANY PEOPLE IN THAT COMMUNITY.



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1   THERE ARE MANY THINGS THAT IT NEEDS TO CHANGE, THERE IS NO  
2   DOUBT, BUT I THINK UNDER THIS PLAN THAT DR. CHERNOFF HAS  
3   PRESENTED TO US HAS THE MOST HOPE OF HOW WE CAN PUT BACK INTO  
4   PLACE THE KIND OF INTEGRITY OF HEALTHCARE THAT WE SHOULD BE  
5   PROVIDING, TRYING TO MAXIMIZE ACCESS AND TRYING TO CONTINUE TO  
6   MEET THE NEEDS THAT ARE CHALLENGING OUR SYSTEM EVERY SINGLE  
7   DAY, NOT JUST AT THIS HOSPITAL BUT AT ALL OF OUR HOSPITALS IN  
8   LIGHT OF THIS INCREASING PROBLEM THAT WE HAVE WITH MORE AND  
9   MORE PEOPLE NOT HAVING ANY KIND OF HEALTHCARE COVERAGE AND SO  
10  CONSEQUENTLY HAVING TO BE, AS A RESULT, WE'RE HAVING TO TAKE  
11  OVER THOSE KINDS OF RESPONSIBILITIES. I HOPE THAT EVENTUALLY  
12  THE STATE LEGISLATURE AND THE FEDERAL GOVERNMENT ARE GOING TO  
13  ENGAGE IN SOME VERY, VERY REAL MEANINGFUL DISCUSSIONS ABOUT  
14  HOW TO TRANSFORM THE SYSTEM AND MAKE IT MORE EFFECTIVE IN THE  
15  LONG RUN. THE WAY WE ARE OPERATING, WE ARE ON OUR WAY,  
16  UNFORTUNATELY, TO A HUGE DEFICIT. IT'S LARGE NOW BUT IT'S  
17  GETTING LARGER EVERY SINGLE DAY AND WE HAVE TO RECOGNIZE THAT  
18  THIS CRISIS RIGHT NOW IS IMMEDIATELY HERE BUT THAT POTENTIALLY  
19  WE HAVE A MUCH LARGER CRISIS THAT MIGHT AFFECT ALL OF OUR  
20  ENTIRE HOSPITAL SYSTEM, SO WE NEED TO KEEP THAT IN MIND BUT I  
21  DO WANT TO-- APPRECIATE THE COMMUNITY FOR COMING OUT TODAY. I  
22  THINK WE'RE LISTENING TO ALL OF YOUR CONCERNS AND TRYING TO  
23  FIND THOSE WAYS BUT I HOPE THAT YOU CAN BE PATIENT WITH US AS  
24  WELL. MY ENDORSEMENT OF THIS PLAN, AND I THINK THE ENDORSEMENT  
25  OF THE COMMUNITY FOR THE MOST PART IS THE ONLY HOPE THAT WE



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1 HAVE IN ORDER TO KEEP MARTIN LUTHER KING HOSPITAL ALIVE AND  
2 HOPEFULLY EXPANDING. AND SO WE'RE GRATEFUL FOR IT BUT IT IS  
3 SOMETHING THAT WE'RE GOING TO HAVE TO KEEP AN EYE ON AS WE  
4 CONTINUE TO IMPLEMENT THIS PLAN.

5

6 **SUP. ANTONOVICH, MAYOR:** SUPERVISOR KNABE.

7

8 **SUP. KNABE:** THANK YOU, MR. MAYOR. I THINK ONE OF THE THINGS  
9 THAT DR. CHERNOFF HAS MADE A STRONG POINT OF THROUGHOUT THIS  
10 ENTIRE PROCESS IS THAT THIS IS A WORK IN PROGRESS BUT ALSO WE  
11 HAD TO BE VERY SPECIFIC IN A VERY SHORT PERIOD OF TIME TO GET  
12 SOME APPROVAL OR SOME EXTENSION FROM C.M.S. AND I THINK  
13 NOTHING SHORT OF A MIRACLE HAPPENED WITH WHAT WE'RE ABLE TO DO  
14 IN THAT SHORT PERIOD OF TIME AND ONCE AGAIN TO DR. CHERNOFF  
15 AND THE STAFF, A HEARTFELT THANK YOU FOR THAT, BECAUSE, AS WE  
16 ALL KNOW, THE REAL WORK HAPPENS RIGHT NOW, BUT WE STILL HAD TO  
17 GET TO THE POINT WHERE WE ARE TODAY. AND I THINK, YOU KNOW,  
18 IT'S, AS SUPERVISOR MOLINA HAS STATED BEFORE AND WE WERE GOING  
19 THROUGH THIS PROCESS A FEW WEEKS AGO, THE OTHER OPTION  
20 CLEARLY, IF WE'RE NOT SUCCESSFUL, WAS CLOSURE, AND I THINK  
21 WE'RE ALL RESPECTFUL OF WHY THIS HOSPITAL HAS CREATED, HOW IT  
22 WAS CREATED BUT ALSO IT HAS BECOME MORE THAN JUST A COMMUNITY  
23 HOSPITAL, IT'S BECOME AN IMPORTANT PART OF OUR SAFETY NET THAT  
24 WE'RE RESPONSIBLE FOR, AND SO I THINK WE WORK TOGETHER TO TRY  
25 TO GET TO THIS POINT. WE HAD THE SHORT-TERM RESPONSIBILITY OF





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1 PUTTING SOMETHING IN PLACE THAT C.M.S. WOULD BE RESPECTFUL OF  
2 AND SUPPORTIVE OF BUT LONG-TERM WE ALSO HAVE THESE OTHER  
3 GOALS, BUT, YOU KNOW, ONE SMALL STEP AT A TIME. SO I THINK  
4 THAT, AS WE MOVE FORWARD, IT'S REALLY IMPORTANT THAT WE WORK  
5 TOGETHER. AS WE SAY THANK YOU TO THE MEMBERS OF THE COMMUNITY  
6 THAT CAME DOWN TO TESTIFY TODAY, WE ALSO THANKED THEM AT THE  
7 END OF THE DAY HOPEFULLY AS WE GO THROUGH THIS PROCESS,  
8 THEY'LL BE SHOULDER TO SHOULDER AS WELL. SUPERVISOR MOLINA AND  
9 I WERE SORT OF SAYING ON THE SIDE, THE ONE THING I THINK  
10 THAT'S IMPORTANT, A COUPLE COMMENTS WERE MADE ABOUT THE LENGTH  
11 OF A STAY IN AN EMERGENCY ROOM BEING DISRESPECTFUL. YOU KNOW,  
12 I JUST-- YOU KNOW, IT'S NOT JUST AN M.L.K. ISSUE AS IT RELATES  
13 TO E.R. WAITS AND IT'S NOT JUST A MATTER OF BEING UNINSURED OR  
14 HAVING INSURANCE. WE HAD A FRIEND THAT WE TOOK TO A HOSPITAL  
15 AND MY WIFE AND I WERE WITH HER AT 8:30 AT NIGHT. SHE FINALLY  
16 SAW A DOCTOR AT 3:30 IN THE MORNING AND SO IT'S SOMETHING THAT  
17 CROSSES, YOU KNOW, THE WHOLE SPECTRUM OF HEALTHCARE. YOU CAN  
18 HAVE THE BEST INSURANCE IN THE WORLD, BECAUSE ON ADDITION TO  
19 CLOSING HOSPITALS THAT WAS MENTIONED IS THE CLOSURE OF E.R.S  
20 AND IF THE E.R. AT M.L.K. WERE CLOSED AS WELL AS AT FREEMAN,  
21 THAT'S 90,000 VISITS A YEAR THAT WOULD IMPACT AN OVERSTRESSED  
22 SYSTEM ALREADY, SO WE NEED TO MOVE FORWARD. IT'S GOING TO BE  
23 DIFFICULT BUT I THINK, YOU KNOW, WE'VE GOT THIS FAR IN A SHORT  
24 PERIOD OF TIME. I THINK THE NEXT STEPS ARE BIG AND WE JUST  
25 NEED TO WORK TOGETHER TO MAKE IT HAPPEN.





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1

2 **SUP. ANTONOVICH, MAYOR:** SUPERVISOR BURKE.

3

4 **SUP. BURKE:** I REALLY APPRECIATE THE TIME AND EFFORT THAT  
5 PEOPLE HAVE PUT INTO THIS. OBVIOUSLY, A TREMENDOUS DEDICATION  
6 TO THE HOSPITAL. I AGREE WITH SUPERVISOR MOLINA THAT WE NEED  
7 TO MOVE FORWARD TO MAINTAIN THE NAME SO THAT PEOPLE CAN  
8 RECOGNIZE WHERE IT IS, TO RECOGNIZE THE HISTORY AND ALL OF  
9 THOSE THINGS AND I THINK THAT WE SHOULD MOVE FORWARD TO LOOK  
10 AT THAT NEXT WEEK. I ALSO AM VERY CONCERNED THAT WE DO  
11 WHATEVER WE'RE GOING TO DO IN A TIMELY MANNER AND THAT WE, AT  
12 THE SAME TIME, KEEP LOOKING AT SOME OF THOSE ISSUES THAT HAVE  
13 BEEN RAISED THAT RELATE TO THE LONG-TERM FUTURE BUT WE CAN'T  
14 ALLOW OUR DESIRE TO CORRECT EVERYTHING TO PREVENT US FROM  
15 MAINTAINING THE HOSPITAL. WE HAVE TO KEEP THAT HOSPITAL OPEN.  
16 UNFORTUNATELY, WE ARE RESPONDING TO C.M.S. IT'S NOT A MATTER  
17 OF WHAT WE WANT TO DO. WE HAVE TO TRY TO WORK WITH THEM AND  
18 GET THEIR APPROVAL AND THEIR AGREEMENT AS WE MOVE FORWARD IN  
19 WHATEVER WE PROPOSE IMMEDIATELY AND SOMEHOW I GOT THE  
20 IMPRESSION THAT SOME PEOPLE BELIEVE WE HAVE 'TIL MARCH TO DO  
21 SOMETHING. BY MARCH, IT HAS TO BE OPERATIVE, THE WHOLE MERGER  
22 OR WHATEVER WE'RE DOING, HAS TO BE IN OPERATION BY MARCH FOR  
23 THEM TO LOOK AT IT TO SEE IF IT, IN FACT, MEETS THE CRITERIA  
24 THAT THEY HAVE ESTABLISHED. SO WE CAN'T SIT AROUND AND WAIT  
25 UNTIL MARCH TO GET TOGETHER OUR PLAN. THE PLAN HAS TO BE DONE



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1 NOW, WE HAVE TO START MOVING FORWARD, AND I'M CONVINCED THAT,  
2 ONCE WE GET GOING AND STARTING ON THIS, WE CAN THEN ADDRESS  
3 EACH ONE OF THESE CONCERNS THAT PEOPLE HAVE, CONCERNS AS IT  
4 RELATES TO TIMING, CONCERNS AS IT RELATES TO HOW VARIOUS  
5 DEPARTMENTS FUNCTION AND THE NUMBER OF PEOPLE THAT ARE  
6 INVOLVED, THE NUMBER OF STAFF IN EACH ONE OF THOSE DEPARTMENTS  
7 BUT FIRST I THINK WE HAVE TO GET SOMETHING THAT WE GET A SIGN  
8 OFF ON AND MOVE FORWARD SO THAT THERE IS A REAL ACCEPTANCE OF  
9 THE FACT THAT WE'RE SERIOUS AND THAT WE'RE PUTTING INTO EFFECT  
10 A PLAN, THEN WE WILL HAVE PLENTY OF TIME, I THINK, TO HAVE  
11 INPUT FROM PEOPLE, TO SOLVE ALL OF THESE DIFFERENT THINGS AND  
12 ISSUES. I WOULD LIKE TO ASK ONE ISSUE, THOUGH. HAVE WE  
13 REDEFINED PEDIATRICS TO INCLUDE 13 AND UNDER AND EVERYONE OVER  
14 THAT AS ADULT PATIENTS? I SAW THAT IN ONE OF THE STATEMENTS,  
15 THAT, IN JULY, WE DEFINED THAT ANY 13 OR OVER WAS CONSIDERED  
16 AN ADULT PATIENT RATHER THAN A PEDIATRIC PATIENT.

17  
18 **DR. BRUCE CHERNOFF:** WHERE THIS QUESTION COMES FROM,  
19 SUPERVISOR, IS NOT THE HOSPITAL BUT THE STATE ITSELF. THERE IS  
20 A TITLE 22 REGULATION, A STATE REGULATION THAT DEFINES A  
21 CHILD, IN MY MIND, 13 OR OVER, AS AN ADULT AND NOT TO BE  
22 HOUSED ON A PEDIATRIC WARD, WHICH IS WHAT-- IT WAS NOT A  
23 DEPARTMENT-DRIVEN DECISION. IT CAME ACTUALLY FROM A CITATION  
24 FROM THE STATE.

25



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1   **SUP. BURKE:** I SEE. ALL RIGHT. I JUST WANTED TO CLARIFY THAT  
2   BECAUSE IT'S THE FIRST I'D HEARD OF THAT BUT THANK YOU VERY  
3   MUCH FOR YOUR HARD WORK AND I THINK IT'S VERY IMPORTANT TO  
4   BRING ALL OF THE STAKEHOLDERS, JUST AS YOU MET WITH THE  
5   COMMUNITY PEOPLE, TO MEET WITH THE STAKEHOLDERS, TO MEET WITH  
6   THEM BUT I KNOW THAT YOU HAVE A LOT ON YOUR TABLE AND YOU'VE  
7   GOT TO GET SOME OF THIS DONE, BUT, AT THE SAME TIME, SET ASIDE  
8   SOME TIME TO MEET WITH THEM, AND I HOPE THAT PEOPLE ARE  
9   UNDERSTANDING OF THE TIME FRAME, THAT EVERYONE WON'T ASK YOU  
10  TO SPEND A HALF DAY IN SITTING DOWN TALKING TO THEM ABOUT  
11  THEIR CONCERNS. WE'VE HAD THIS HEARING, EVERYONE'S HAD A  
12  CHANCE TO VOICE THEIR CONCERNS AND THEIR OPINIONS. I THINK IT  
13  WAS VERY GOOD OF YOU TO MEET WITH SOME OF THE COMMUNITY PEOPLE  
14  FOR FOUR HOURS. MY EXPECTATION IS THAT YOU WOULD MOVE FORWARD,  
15  THAT YOU WOULD MEET WITH THEM BUT TO SAY THAT EVERY GROUP,  
16  YOU'RE GOING TO SET ASIDE A HALF DAY, I DON'T THINK THAT  
17  THAT'S REASONABLE. I THINK THAT YOU HAVE TO MOVE FORWARD WITH  
18  THIS AND GET IT GOING AND SOLVE SOME OF THESE ISSUES, SOME OF  
19  THESE VERY TECHNICAL ISSUES BUT, AT THE SAME TIME, SET UP SOME  
20  TIME TO MEET WITH THE STAKEHOLDERS OR HAVE SOMEONE WITHIN YOUR  
21  STAFF THAT'S INVOLVED IN MEETING WITH THEM AND MAKING SURE  
22  THAT THERE'S INPUT AS WE MOVE FORWARD. BUT CONGRATULATIONS SO  
23  FAR. IT'S GOING VERY WELL.

24

25   **SUP. ANTONOVICH, MAYOR:** THANK YOU. SUPERVISOR YAROSLAVSKY.



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1

2 **SUP. YAROSLAVSKY:** I JUST HAVE A QUESTION. WHAT IS THE REASON  
3 THAT WE CAN NOW CLOSE THE PEDIATRICS AND THE OB/GYN THAT WE  
4 COULDN'T CLOSE IT LAST TIME? WHAT WAS THE REASON WE COULDN'T  
5 CLOSE IT LAST TIME AND HOW HAS THAT BEEN ADDRESSED THIS TEAM?

6

7 **DR. BRUCE CHERNOFF:** SUPERVISOR, IT'S PART OF WHY THE COMPLETE  
8 CLOSURE OF PEDIATRICS, AS LAID OUT AS A POTENTIAL OPTION IN  
9 BEILENSON BUT NOT AS AN ABSOLUTE AND THE REASON IS THAT THE  
10 DSH FUNDING FOR THE HOSPITAL IS LINKED TO THE OBSTETRIC  
11 SERVICES, NOT PEDIATRICS. OBSTETRICS. THE LANGUAGE IN THE  
12 STATE CODE IS-- IT JUST SAYS YOU HAVE TWO OBSTETRICIANS ON  
13 STAFF AND IN MANY WAYS VERY GENERAL. IT DOESN'T SAY WHAT KIND  
14 OF A PROGRAM YOU'D ACTUALLY HAVE TO RUN, SO WE HAVE ASKED FOR  
15 ADDITIONAL CLARIFICATION FROM THE STATE. LAST YEAR WHEN WE HAD  
16 THIS DISCUSSION, SUPERVISOR, THE STATE CAME BACK WITH KIND OF  
17 A PRELIMINARY COMMENT RIGHT BEFORE THE HEARINGS. IT WASN'T  
18 REALLY DEFINITIVE BUT, GIVEN THAT THEY WERE ASKED TO SAY  
19 SOMETHING CLEARLY BECAUSE OF THE PREVIOUS HEARINGS, THEY MADE  
20 A STATEMENT. WE HAVE GONE BACK TO ASK FOR CLARIFICATION ON THE  
21 NARROW LOW-RISK OBSTETRICAL QUESTION AND WE'VE NOT HEARD BACK  
22 FROM THEM YET.

23



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1   **SUP. YAROSLAVSKY:** SO IS THE PLAN DESIGNED TO HAVE THE MINIMAL  
2   AMOUNT THAT STILL ALLOWS YOU TO-- OF OBSTETRICS, STILL ALLOWS  
3   YOU TO QUALIFY FOR DSH FUNDING? IS THAT THE OBJECTIVE HERE?

4

5   **DR. BRUCE CHERNOFF:** IF NECESSARY, SUPERVISOR, THE PLAN WOULD  
6   CONTAIN THAT. THE PLAN'S PREFERENCE IS TO-- WHEN YOU'RE ONLY  
7   DELIVERING ONE TO TWO BABIES A DAY, GIVEN OUR CHALLENGE IN  
8   CREATING A STABLE HOSPITAL, THE BEST RECOMMENDATION IN THE  
9   SHORT-TERM WOULD BE TO MOVE THE ENTIRE INPATIENT OBSTETRICS  
10   PROGRAM BUT IF WE NEED TO KEEP A SMALL COMPONENT TO RETAIN DSH  
11   FUNDING, WE WILL.

12

13   **SUP. YAROSLAVSKY:** AS FAR AS THE COMMENTS THAT HAVE BEEN MADE  
14   AND THE DOCUMENTS THAT HAVE BEEN FILED, THE EIGHT VOLUMES THAT  
15   WERE PUT ON THE DESK HERE AS WELL AS THE CD ROM, HAVE YOU HAD  
16   A CHANCE TO REVIEW THAT?

17

18   **LEELA KAPUR, COUNSEL:** SUPERVISOR, YES, WE HAVE REVIEWED MOST  
19   OF THOSE DOCUMENTS. IF YOUR BOARD WOULD LIKE TO MOVE ON THE  
20   RECOMMENDATION TODAY, I WOULD LIKE TO SPEND A FEW MINUTES  
21   GOING OVER SOME OF THE COMMENTS THAT WERE MADE IN THOSE  
22   DOCUMENTS IN A GENERAL FASHION. IF YOU'RE GOING TO CONTINUE  
23   THE RECOMMENDATION UNTIL WEDNESDAY, THEN IT WOULD BE MORE  
24   IMPORTANT FOR US TO JUST CONTINUE OUR CONVERSATIONS WITH DR.  
25   CHERNOFF SO HE CAN BRING ANY ISSUES TO YOU ON WEDNESDAY.



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1

2 **SUP. YAROSLAVSKY:** HAVE YOU HAD A CHANCE TO LOOK AT THE LARK  
3 GALLOWAY GILLIAM LETTER THAT I REFERENCED AND SHE CIRCULATED?

4

5 **DR. BRUCE CHERNOFF:** JUST BRIEFLY, SUPERVISOR. NOT IN ANY  
6 SIGNIFICANT DETAIL SINCE MY FIRST PRESENTATION TO YOU.

7

8 **SUP. YAROSLAVSKY:** I DON'T HAVE A PROBLEM IF IT'S OVER UNTIL  
9 WEDNESDAY, I DON'T HAVE A PROBLEM DOING IT TODAY BUT I WOULD  
10 LIKE TO GET AN ANSWER TO HER LETTER TODAY, AT LEAST SOME KIND  
11 OF RESPONSE, ASIDE FROM WHATEVER LEELA HAS-- MUCH OF THE  
12 DOCUMENTATION I GATHER IS THE SAME AS WE HAD LAST TIME. BUT  
13 THIS-- THERE WERE SOME SPECIFIC COMMENTS THAT WERE MADE ABOUT  
14 YOUR PLAN THAT I WOULD LIKE YOU TO ADDRESS. JUST, YOU HAVE THE  
15 LETTER IN FRONT OF YOU. I DON'T KNOW IF YOU DO.

16

17 **DR. BRUCE CHERNOFF:** IT HAS MANY, MANY POINTS, SUPERVISOR. I  
18 WOULD MAKE A COUPLE OF GENERAL COMMENTS BASED ON MY INITIAL  
19 REVIEW. ONE IS THAT, IN MULTIPLE PLACES, IT BRINGS UP THE  
20 ISSUE OF HAVE WE CORRECTED THE DEFICIENCIES THAT WERE FOUND IN  
21 THE SURVEY, AND THE ANSWER TO THAT QUESTION IS, YES, THE 2567  
22 THAT WAS MADE PUBLIC, THE RESPONSE TO THE 2567 THAT WAS MADE  
23 PUBLIC A COUPLE OF WEEKS AGO OUTLINES THOSE AREAS WHERE, IF  
24 THE FACILITY ACTUALLY DISAGREED OR HAD ISSUES WITH THE  
25 FINDINGS, THEY DOCUMENTED THOSE BUT, TO THE EXTENT THAT THEY



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1 AGREED WITH THE FINDINGS, THE CORRECTIVE ACTIONS HAVE BEEN PUT  
2 IN PLACE. AND I'VE ASKED FOR SOME OF MY STAFF, NOT K.D.M.C.  
3 STAFF BUT MY H.S.A. STAFF GO OUT AND INDEPENDENTLY VERIFY THAT  
4 THOSE CORRECTIONS ARE IN PLACE BECAUSE I THINK THAT'S VERY  
5 IMPORTANT. SO THERE'S A BODY OF QUESTIONS AROUND, HOW DO WE  
6 KNOW THE DEFICIENCIES HAVE BEEN ADDRESSED? THOSE ARE A VALID  
7 SET OF QUESTIONS AND, AT A HIGH LEVEL, THAT'S THE ANSWER TO  
8 IT.

9

10 **SUP. YAROSLAVSKY:** HOW ABOUT THE QUESTION ON THE FIRST PAGE OF  
11 HER LETTER WHERE SHE SAYS, "ACCORDING TO THE PLAN, THE STAFF  
12 OF THE 42 NEW BEDS AT KING/DREW MEDICAL CENTER IS NOT,  
13 QUOTE..." I'M READING FROM HER LETTER NOW, "...REASSIGNED TO  
14 HARBOR FOR TRAINING AND ASSESSMENT UNTIL FEBRUARY 1ST, 2007.  
15 THE NEW SIMPLER SMALLER K.D.M.C. WILL HAVE BEEN OPEN FOR ONLY  
16 30 DAYS..." I THINK IT'S ACTUALLY 60 DAYS, "...WHEN THE  
17 EXTENSION EXPIRES. IN THE ABSENCE OF A SECOND EXTENSION BY  
18 C.M.S. BEYOND MARCH 31ST, 2007, THE TIME LINE MUST BE REVAMPED  
19 IN ORDER THAT COUNTY AND STATE MUST DEVELOP A CONTINGENCY PLAN  
20 TO FINANCIALLY SUPPORT KING/DREW MEDICAL CENTER UNTIL SUCH  
21 TIME AS IT HAS PASSED THE C.M.S. SURVEY."

22

23 **DR. BRUCE CHERNOFF:** SUPERVISOR, MY RESPONSE TO THAT IS I THINK  
24 THAT THE STATEMENT IS CORRECT, THAT THIS IS-- THAT IS A VERY  
25 SHORT TIME WINDOW BUT WHERE I DISAGREE WITH IT IS WE DON'T





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1 NEED TO REVAMP THE TIME LINE. THE TIME LINE IN THE PLAN IS  
2 CLEAR, IT'S VERY AGGRESSIVE, AND WE SHOULD LEAVE IT THE WAY IT  
3 IS. THE CHALLENGE HERE IS WE NEED TO BE ABLE TO DEMONSTRATE TO  
4 THE COMMUNITY, ALL OF YOU, TO THE STATE FOLKS AND, MOST  
5 IMPORTANTLY, TO C.M.S. THAT WE'RE HITTING THE MARKS, THE  
6 MILESTONES THAT ARE IN THAT PLAN AND I DO THINK THAT AN  
7 EXTENSION WILL BE REQUIRED AND I DO THINK THAT THERE WILL BE A  
8 PLACE TO ASK C.M.S. AND TO WORK WITH THE STATE AND OTHERS  
9 AROUND AN EXTENSION BUT I THINK THE BURDEN OF PROOF IS ON US  
10 TO SHOW THAT WE CAN IMPLEMENT AND TO SHOW THAT WE CAN HIT  
11 THOSE TIME FRAMES AND THIS IS A PLAN THAT, YOU KNOW, I  
12 APPRECIATE YOUR COMMENT, SUPERVISOR KNABE. THIS PLAN REALLY  
13 HAS DEVELOPED INCREDIBLY QUICKLY GIVEN THE LIMITED AMOUNT OF  
14 TIME THAT WE'VE HAD TO GET IT IN FRONT OF C.M.S. AND THERE  
15 WILL BE SOME THINGS THAT WE HAVEN'T EVEN SEEN YET. IT IS A  
16 WORK IN PROGRESS. WE'LL BE RESPONSIVE TO THOSE CHANGES AND I  
17 THINK, AS LONG AS WE ARE CLEAR AND TRANSPARENT WITH C.M.S.,  
18 THAT WE ARE IMPLEMENTING, THAT WE'RE HONEST ABOUT WHEN WE FACE  
19 CHALLENGES AND WE SOLVE THEM TIMELY AND COLLABORATIVELY, I  
20 THINK IT WILL BE REASONABLE FOR US TO GO FORWARD AND ASK FOR  
21 AN EXTENSION.

22  
23 **SUP. YAROSLAVSKY:** NOW, IN HER SECOND PAGE, SHE SAYS THAT  
24 THERE'S A-- "...OUTSIDE THE KING/DREW PRIMARY SERVICE AREA  
25 CONSTITUTE A FINANCIAL STRATEGY." IS THIS A FINANCIAL



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1 STRATEGY, FROM YOUR POINT OF VIEW? IS THIS WHOLE PLAN DESIGNED  
2 TO SAVE MONEY FOR THE HEALTH DEPARTMENT OR IS THERE ANOTHER  
3 MOTIVE OR AGENDA BEHIND THIS PLAN THAT IS MORE FUNDAMENTAL?

4

5 **DR. BRUCE CHERNOFF:** SUPERVISOR, THIS IS ABSOLUTELY NOT A  
6 FINANCIAL STRATEGY. THIS WHOLE PLAN WAS DRIVEN BASED ON THE  
7 BEST WAY TO PROVIDE CLINICAL SERVICES. AND IF YOU WANT TO KIND  
8 OF GET VALIDATION OF THAT, YOU CAN ASK GARY WELLS, BECAUSE HE  
9 GOT THE PLAN VERY LATE IN THE DEVELOPMENT OF IT BECAUSE IT WAS  
10 SO FOCUSED ON GETTING THE CLINICAL MAPPING RIGHT IN WHAT ARE  
11 VERY CHALLENGING CIRCUMSTANCES. THERE ARE RESOURCES AT  
12 KING/DREW MEDICAL CENTER THAT NEED TO BE REARRAYED AND  
13 REINVESTED IN THE SYSTEM AND IN THE COMMUNITY. IF WE'RE GOING  
14 TO MOVE PATIENTS TEMPORARILY TO HARBOR, WE NEED TO MAKE SURE  
15 THAT THE RESOURCES FOLLOW THOSE PATIENTS TO CARE FOR MORE  
16 TEMPORARILY TO RANCHO OR OLIVE VIEW. THOSE BEDS AT RANCHO,  
17 THOSE BEDS AT OLIVE VIEW, TO THE EXTENT THAT WE PURCHASED BEDS  
18 IN THE PRIVATE SECTOR, THEY'RE TEMPORARY. SO, WITH MY BUDGET  
19 DEFICIT, AND IN FRONT OF ALL OF YOU, I'M NOT LOOKING TO GROW  
20 MY EMPIRE, I'M NOT LOOKING TO BRING 200 NEW BEDS ONLINE BUT  
21 THIS IS ABOUT MAKING SURE THAT THERE'S A GOOD TRANSITIONAL  
22 PLAN WHERE WE GET THE HOSPITAL TO STABILITY AND THEN TO RETURN  
23 THE BEDS BACK TO THAT 114 CENSUS AND, WHEN WE DO THAT, WE WILL  
24 TAKE THOSE OTHER BEDS BACK OFF-LINE AND RETURN THOSE RESOURCES  
25 TO THE HOSPITAL. ONCE WE PASS TWO CONDITIONS OF PARTICIPATION



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1 AND PASS J.C.A.H.O., WELL, GOSH, THE WORLD'S OUR OYSTER. SO IF  
2 THERE ARE THINGS WE WANT TO BUILD BACK OR THINGS WE CAN BUILD  
3 BACK AT THAT POINT, IT WILL BE MUCH EASIER TO HAVE C.H.P.  
4 FUNCTION PROPERLY AT THE SITE BECAUSE WE WILL-- WHEN  
5 J.C.A.H.O. RETURNS, WE CAN THEN RUN C.H.P. PROPERLY AT THE  
6 SITE BECAUSE WE WILL BE ABLE TO ADMIT CHILDREN AND WOMEN,  
7 SHOULD WE CHOOSE TO DO THAT. WE WILL BE IN A DIFFERENT PLACE  
8 ONCE WE'VE GOTTEN THROUGH TWO CONDITIONS OF PARTICIPATION AND  
9 REGAIN J.C.A.H.O. IS THIS IS BASED ON THE BEST WAY TO DELIVER  
10 SERVICES IN A VERY CHALLENGING CIRCUMSTANCE.

11

12 **SUP. YAROSLAVSKY:** ALL RIGHT. I WANTED TO MAKE THAT CLEAR,  
13 BECAUSE I WAS SURPRISED TO READ THAT, IN LIGHT OF OUR PREVIOUS  
14 CONVERSATIONS. THIS IS NOT ONLY NOT A FINANCIAL PLAN, I THINK  
15 THIS PLAN, WE ASSUME, IS GOING TO COST US SOME ADDITIONAL  
16 FUNDS, WHICH IS WHY WE HAD SOME TRANSITIONAL COSTS PUT INTO  
17 THE ORIGINAL PLAN, WHICH RUFFLED SOME FEATHERS BUT IT WAS--  
18 THERE ARE CLEARLY SOME REDUNDANCIES AND THEREFORE ADDITIONAL  
19 COSTS THAT ARE GOING TO BE ASSOCIATED WITH THIS PLAN, SO IT'S  
20 NOT A COST SAVING PLAN. I THINK, IN THIS ONE RESPECT, THE  
21 AUTHOR OF THIS LETTER WAS FIGHTING THE LAST WAR OF TWO YEARS  
22 AGO AND THIS IS A DIFFERENT SITUATION. I THINK THAT'S REALLY  
23 IMPORTANT BECAUSE, IT ALL, EVERYTHING ELSE FLOWS FROM THAT AND  
24 I HAVE NOT SEEN THIS AS A FINANCIAL PLAN AT ALL. IN FACT, I'M  
25 A BIT NERVOUS ABOUT THE FINANCIAL IMPLICATIONS OF THIS, (A)



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1 BECAUSE WE HAVEN'T FULLY VETTED IT WITH YOUR OWN FINANCE  
2 PEOPLE AND, (2) BECAUSE COMMON SENSE TELLS ME THAT THE COSTS  
3 ARE GOING TO GET DRIVEN UP. WE MAY NOT HAVE A CHOICE IN THE  
4 MATTER BUT I THINK THAT'S WHY YOU ASKED FOR THE UP TO 50  
5 MILLION IN TRANSITIONAL COSTS, WHICH YOU WALKED AWAY FROM BUT  
6 IT WAS FOR A GOOD REASON, IT WASN'T-- IT WASN'T JUST MADE UP  
7 OUT OF THIN AIR. I'D LIKE TO HEAR JUST ANY OTHER COMMENTS THAT  
8 THE COUNTY COUNSEL HAS IN REVIEWING THE DOCUMENTS. I'D BE  
9 PREPARED TO VOTE FOR THIS TODAY.

10

11 **LEELA KAPUR, COUNSEL:** THANK YOU, SUPERVISOR. WE HAVE REVIEWED  
12 THE VOLUMES OF DOCUMENTS PROVIDED BY THE ADVOCATES. WHILE THE  
13 DOCUMENTS WERE QUITE VOLUMINOUS, I WOULD SAY THAT A  
14 SIGNIFICANT AMOUNT OF THEM ARE DOCUMENTS THAT EITHER WERE  
15 PRODUCED BY THE COUNTY OR THAT THE COUNTY HAS PREVIOUSLY  
16 RECEIVED AND REVIEWED SO THAT MADE OUR REVIEW A LITTLE LESS  
17 ONEROUS AT THIS POINT. FOR INSTANCE, THEY INCLUDED THE C.M.S.  
18 STATEMENT OF DEFICIENCIES, THEY INCLUDED SOME MEDIA REPORTS,  
19 THEY SUBMITTED LETTERS THAT WERE PREVIOUSLY SUBMITTED TO YOUR  
20 BOARD RELATING TO OTHER ACTIONS TAKEN AT THE FACILITY OVER THE  
21 LAST TWO OR THREE YEARS AND THEY SUBMITTED SEVERAL SETS OF  
22 STATISTICS REGARDING HEALTHCARE DEMOGRAPHICS IN THE M.L.K.  
23 AREA WHICH THE DEPARTMENT ACTUALLY GENERATED SO DR. CHERNOFF  
24 WAS VERY AWARE OF THOSE STATISTICS. THERE WERE SEVERAL WHAT I  
25 WOULD CALL THEMES THAT RAN THROUGHOUT THE DOCUMENTS THAT WERE



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1 PROVIDED, SEVERAL OF WHICH HAVE ALREADY BEEN DISCUSSED WITH  
2 YOUR BOARD TODAY OR IN PREVIOUS SETTINGS OR SESSIONS BUT JUST  
3 TO REITERATE THEM IN CASE YOU'D LIKE TO ASK DR. CHERNOFF ANY  
4 QUESTIONS REGARDING THEM, ONE OF THE PROMINENT CONCERNS THAT  
5 WAS RAISED THROUGHOUT THE DECLARATIONS THAT WERE SUBMITTED AND  
6 THE OTHER MATERIAL WAS THE TRANSFER OF THE O.B. PEDIATRIC  
7 N.I.C.U. FROM M.L.K. TO HARBOR. THERE WERE CONCERNS RAISED  
8 THAT HARBOR IS NOT EQUIPPED AT ITS CURRENT STAFFING OR  
9 RESOURCE LEVEL TO ACCEPT THAT RESPONSIBILITY AND THAT THAT WAS  
10 A CRITICAL SERVICE THAT NEEDED TO BE ADDRESSED. THERE WAS ALSO  
11 A DISCUSSION ABOUT TRANSFERRING PATIENTS, PEDIATRIC PATIENTS  
12 AND HOW THEY WOULD BE TRANSFERRED FROM M.L.K. TO HARBOR,  
13 WHETHER WE WOULD HAVE CRITICAL CARE TRANSPORTS THAT COULD TAKE  
14 A PATIENT, A PEDIATRIC PATIENT TO HARBOR. SO THAT WAS ONE  
15 THEME. I DON'T KNOW IF YOU'D LIKE DR. CHERNOFF TO ADDRESS IT  
16 OR IF YOU'D LIKE ME JUST TO CONTINUE.

17  
18 **DR. BRUCE CHERNOFF:** I THINK, MAYOR, SUPERVISORS, WITH RESPECT  
19 TO THIS BODY OF QUESTIONS, WE STAFF ALL OF-- WE DON'T HAVE  
20 HUGE VOLUMES OF STAFF JUST HANGING AROUND MONITORING EMPTY  
21 BEDS, SO WE STAFF LIKE ANY OTHER HOSPITAL DOES, WE STAFF TO  
22 PERCEIVED AND TO ACTUAL VOLUME TODAY AND PERCEIVED VOLUME  
23 SHIFTS AS SEASON AND TIME OF YEAR AND DATE, DATE OF THE YEAR  
24 DICTATE. SO WE WILL BE MAKING APPROPRIATE STAFFING ADJUSTMENTS  
25 AND HAVE BEGUN THAT ALREADY TO A DEGREE IN ANTICIPATION AT



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1 RANCHO, AT OLIVE VIEW, AT HARBOR FOR THE POTENTIAL NEED TO  
2 STAFF DIFFERENTLY AND WE WILL BE LOOKING TO-- WE WILL NEED TO  
3 MAKE APPROPRIATE STAFFING ADJUSTMENTS TO PERMIT-- IT'S NOT  
4 THAT THE BEDS AREN'T THERE BUT WE NEED FOLKS TO MANAGE THE  
5 PATIENTS IN THOSE BEDS AND WE WILL BE MAKING STAFFING  
6 ADJUSTMENTS, SO THAT'S-- SO, WITH RESPECT TO THE  
7 TRANSPORTATION, I VIEW THE TRANSPORTATION PIECE AS CRITICAL  
8 AND, TO MY MIND, THERE ARE TWO SEPARATE AND DISTINCT ELEMENTS  
9 OF TRANSPORTATION. ONE IS THE REGULAR TRANSPORTATION OF  
10 PATIENTS AND THEIR FAMILIES FOR OUTPATIENT SERVICES OR TO  
11 VISIT LOVED ONES IN THE HOSPITAL. WE'VE TALKED A BIT TODAY AND  
12 THE PLAN OUTLINES A BASIC FRAMEWORK FOR REGULAR  
13 TRANSPORTATION, CERTAINLY BETWEEN HARBOR, M.L.K. AND HARBOR-  
14 U.C.L.A. MEDICAL CENTERS. THERE'S A SEPARATE VERY IMPORTANT  
15 COMPONENT OF TRANSPORTATION WHICH IS ABSOLUTELY CRITICAL,  
16 ABSOLUTELY CRITICAL IN THE TRANSITION, PARTICULARLY AS WE RUN  
17 THE SMALLER HOSPITAL AND KEEP THE EMERGENCY DEPARTMENT OPEN  
18 BECAUSE YOU DON'T WANT THAT EMERGENCY DEPARTMENT OVERWHELMED  
19 WITH PATIENTS AND NO PLACES TO PUT THEM. SO WE'VE STARTED WITH  
20 E.M.S. TO PUT APPROPRIATE TRANSPORTATION SERVICES AVAILABLE ON  
21 SITE AT THE HOSPITAL, NOT CALLING AN AMBULANCE IN FROM  
22 SOMEWHERE ELSE TO COME MOVE SOMEBODY, WHICH IS THE GENERAL WAY  
23 WE MOVE PATIENTS AROUND NOW, BUT TO CREATE A SERVICE BASE AT  
24 THE HOSPITAL THAT'S THERE AND AVAILABLE WHEN NECESSARY TO  
25 TRANSFER PATIENTS.



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1

2 **SUP. ANTONOVICH, MAYOR:** THANK YOU.

3

4 **LEELA KAPUR, COUNSEL:** THE OTHER SERVICE THAT WAS SPECIFICALLY  
5 MENTIONED IN THE DECLARATIONS AND SOME OF THE OTHER MATERIAL  
6 WAS THE PERCEIVED LOSS OF CERTAIN CARDIOLOGY SERVICES AT  
7 M.L.K. AND I ASSUME THAT THOSE ARE BEING TRANSFERRED TO HARBOR  
8 AS WELL.

9

10 **DR. BRUCE CHERNOFF:** THAT WOULD BE CORRECT.

11

12 **SUP. ANTONOVICH, MAYOR:** SUPERVISOR BURKE?

13

14 **SUP. BURKE:** HAVE YOU COMPLETED?

15

16 **LEELA KAPUR, COUNSEL:** NO, I HAVE A FEW OTHER ITEMS. AGAIN, AS  
17 WE'VE DISCUSSED AT GREAT LENGTH TODAY AND DR. CHERNOFF JUST  
18 ADDRESSED, THERE ARE STRONG CONCERNS IN THE COMMUNITY  
19 REGARDING THE TRANSPORTATION OF PATIENTS AND FAMILY MEMBERS  
20 AND THE BURDEN THAT WILL BE PLACED ON THE PATIENTS AND THE  
21 FAMILY MEMBERS IF THE SERVICES DO NOT STAY WITHIN THE GENERAL  
22 M.L.K. AREA, SO THERE IS A LOT OF ENCOURAGEMENT IN THE  
23 DOCUMENTS THAT, TO THE EXTENT POSSIBLE, THE COUNTY CONTRACT  
24 FOR HOSPITAL BEDS WITHIN THE M.L.K. CATCHMENT AREA. THERE WERE  
25 ALSO QUITE A FEW DECLARATIONS AND OTHER MATERIALS SUBMITTED





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1 REGARDING THE NEED FOR ACTUALLY ADDITIONAL SERVICES IN THE  
2 AREA. MS. VERA PRESENTED THAT TO YOUR BOARD IN HER TESTIMONY,  
3 THAT THEY BELIEVE THAT THE STATISTICS IN THE LITERATURE WOULD  
4 INDICATE THAT IT SHOULD ACTUALLY BE MORE SERVICES IN THE  
5 M.L.K. AREA AS OPPOSED TO LESS.

6

7 **DR. BRUCE CHERNOFF:** WITH RESPECT TO THOSE ISSUES, I'VE ALREADY  
8 BEGUN DISCUSSIONS WITH THE PRIVATE HOSPITALS, THE HOSPITAL  
9 ASSOCIATION OF SOUTHERN CALIFORNIA, AND SPECIFICALLY, THE  
10 HOSPITALS IN AND AROUND THE CURRENT K.D.M.C. WE WILL NEED TO  
11 WORK IN A COLLABORATIVE WAY WITH THE PRIVATE SECTOR. WE ARE  
12 COMMITTED TO LOOKING FOR WAYS TO BUY BEDS WITH PRIVATE SECTOR  
13 HOSPITALS ON A TRANSITIONAL BASIS. WE THINK THAT'S A VERY  
14 IMPORTANT PART OF THE SOLUTION, AND, LIKE I SAID, WE'VE BEGUN  
15 THOSE DISCUSSIONS. WE OBVIOUSLY NEED TO NEGOTIATE THEM AT  
16 RATES THAT MAKE SENSE AND WE NEED TO HAVE PHYSICIAN GROUPS AT  
17 THOSE HOSPITALS THAT WANT TO WORK WITH US BUT THE INITIAL  
18 RESPONSE, SUPERVISORS, HAS BEEN INCREDIBLY HEARTENING. THERE  
19 IS A REAL COMMITMENT TO WORK WITH US, TO BUILD SOMETHING THAT  
20 MAKES SENSE BOTH IN THE TRANSITION AND IN THE LONG TERM AND  
21 FOR THAT I'M VERY GRATEFUL. WHAT WAS THE OTHER QUESTION,  
22 LEELA? OH. THE NEED MORE SERVICES QUESTION. YOU KNOW, AS YOUR  
23 DIRECTOR, I LOVE TO BUILD PROGRAM, LET A DOCTOR GO, WILL BUILD  
24 PROGRAM UNTIL THE COWS COME HOME. BUILDING PROGRAM IS ALL  
25 ABOUT THE RESOURCES AVAILABLE TO BUILD THOSE PROGRAMS, THE



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1 RESPONSIBILITY, BOTH OUR LEGAL AND ETHICAL RESPONSIBILITIES TO  
2 BUILD PROGRAM SO I GET IT, I'M ALL FOR IT AT A CONCEPTUAL  
3 LEVEL BUT THIS DISCUSSION TODAY IS ABOUT ONE AND ONE THING  
4 ONLY. IT'S ABOUT KEEPING A HOSPITAL OPEN ON THE GROUNDS OF  
5 K.D.M.C. IT'S NOT A DISCUSSION ABOUT ANYTHING ELSE TODAY  
6 BECAUSE, IF WE DON'T FOCUS ON THAT WITH KIND OF LASER-LIKE  
7 PRECISION, WE COULD END UP HAVING THE SAME DISCUSSION WITH NO  
8 HOSPITAL ON THE GROUNDS, WHICH I THINK WOULD BE KIND OF A  
9 FAILURE. REALLY A FAILURE. I THINK THAT ADDRESSING LARGER  
10 SERVICE NEEDS IN THIS AND OTHER COMMUNITIES IS IMPORTANT AND  
11 DOING THOSE KINDS OF SERVICE MAPPING IS IMPORTANT BUT FIRST  
12 THINGS FIRST. FIRST THING IS GETTING A HOSPITAL THAT PASSES  
13 CONDITIONS TWICE.

14

15 **LEELA KAPUR, COUNSEL:** AND THEN A FINAL AREA OF SERVICE THAT  
16 RAISED QUITE A BIT OF DISCUSSION IN THE DOCUMENTS AND IS A  
17 MAJOR CONCERN TO THE COMMUNITY IS THE IMPACT THAT THE  
18 METROCARE PLAN WILL HAVE ON NOT JUST THE EMERGENCY ROOM  
19 DEPARTMENT AT M.L.K. BUT THE EMERGENCY ROOM DEPARTMENTS  
20 THROUGHOUT THE COUNTY, WHICH I KNOW WE'VE ALREADY DISCUSSED IT  
21 TO SOME EXTENT TODAY BUT THAT WAS A CONCERN THAT WAS RAISED  
22 THROUGHOUT THE DOCUMENTS. IN ADDITION TO THOSE SPECIFIC  
23 CONCERNS, THE DOCUMENTS INCLUDED NUMEROUS MEDICAL JOURNAL AND  
24 ACADEMIC ARTICLES REGARDING DISCHARGE PLANNING AND  
25 TRANSITIONAL CARE, WHICH WE HAVE SHARED WITH THE DEPARTMENT.



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1 OBVIOUSLY, THEY HAVEN'T HAD A CHANCE TO READ ALL OF THOSE BUT  
2 THEY HAVE LOOKED AT IT AND HAVE ASSURED US THEY CONSIDERED  
3 DISCHARGE PLANNING AND TRANSITIONAL CARE IN THEIR PLANNING  
4 PROCESS AND WILL DO SO AS THE PROGRAM IS IMPLEMENTED IF IT'S  
5 APPROVED BY YOUR BOARD. AND THERE ARE ALSO SEVERAL VOLUMES OF  
6 STATISTICAL DATA WHICH ARE SEVERAL YEARS OLD AT THIS POINT  
7 BUT, TO THE EXTENT THAT THEY'RE NOT OUTDATED, THE DEPARTMENT  
8 WILL CONSIDER-- WILL CONTINUE CONSIDERING THOSE AS THEY  
9 CONTINUE THEIR ONGOING PLANNING IN THIS AREA. SO THOSE ARE THE  
10 PREDOMINANT THEMES THAT CAME OUT THROUGH THE DOCUMENTS.

11  
12 **SUP. ANTONOVICH, MAYOR:** SUPERVISOR BURKE.

13  
14 **SUP. BURKE:** I WOULD MOVE AT THIS TIME THAT WE MOVE FORWARD,  
15 AND I DON'T KNOW WHAT THE PROPER MOTION IS, THAT WE ADOPT IT  
16 TODAY AND THAT WE ALSO ADOPT THE NAME OF M.L.K.-HARBOR WITH  
17 THE IDEA THAT, IN FUTURE TIMES, WE WOULD COME BACK TO THAT  
18 DECISION AND TO REVIEW IT. SO THAT WOULD BE MY MOTION. I DON'T  
19 KNOW HOW IT SHOULD BE WORDED.

20  
21 **SUP. ANTONOVICH, MAYOR:** I'LL SECOND THAT AND THEN ANY  
22 OBJECTION? IF NOT...

23  
24 **SUP. MOLINA:** IS THAT THE RIGHT MOTION?



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1   **LEELA KAPUR, COUNSEL:** YOU WOULD BE ADOPTING THE METROCARE PLAN  
2   AS OUTLINED IN DR. CHERNOFF'S OCTOBER 17TH LETTER TO YOUR  
3   BOARD AND AS DISCUSSED IN DETAIL TODAY WITH THE ADDITION OF  
4   THE NAME CHANGE AT THE FACILITY.

5

6   **SUP. BURKE:** I WOULD SO MOVE.

7

8   **SUP. KNABE:** SECOND.

9

10   **SUP. ANTONOVICH, MAYOR:** SO THAT'S A MOTION. WITHOUT OBJECTION,  
11   SO ORDERED. THANK YOU, DOCTOR.

12

13   **CLERK SACHI HAMAI:** IN ACCORDANCE WITH BROWN ACT REQUIREMENTS,  
14   NOTICE IS HEREBY GIVEN THAT THE BOARD OF SUPERVISORS WILL  
15   CONVENE IN CLOSED SESSION TO DISCUSS ITEM CS-1, CONFERENCE  
16   WITH LEGAL COUNSEL REGARDING SIGNIFICANT EXPOSURE TO  
17   LITIGATION, TWO CASES, AS INDICATED ON THE POSTED AGENDA. THE  
18   NEXT REGULAR MEETING OF THE BOARD OF SUPERVISORS IS WEDNESDAY,  
19   NOVEMBER 8TH, 2006, AT 9:30 A.M. THANK YOU.

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REPORT OF ACTION TAKEN IN CLOSED SESSION ON NOVEMBER 6, 2006

CS-1. CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION  
(Subdivision (b) of Government Code Section 54956.9)  
Significant exposure to litigation (two cases)

Continued to Wednesday, November 8, 2006 at 9:30 a.m.



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1 I, JENNIFER A. HINES, Certified Shorthand Reporter  
2 Number 6029/RPR/CRR qualified in and for the State of  
3 California, do hereby certify:

4 That the transcripts of proceedings recorded by the  
5 Los Angeles County Board of Supervisors November 6, 2006,  
6 were thereafter transcribed into typewriting under my  
7 direction and supervision;

8 That the transcript of recorded proceedings as  
9 archived in the office of the reporter and which  
10 have been provided to the Los Angeles County Board of  
11 Supervisors as certified by me.

12 I further certify that I am neither counsel for, nor  
13 related to any party to the said action; nor  
14 in anywise interested in the outcome thereof.

15 IN WITNESS WHEREOF, I have hereunto set my hand this  
16 12th day of November 2006 for the County records to be used  
17 only for authentication purposes of duly certified transcripts  
18 as on file of the office of the reporter.

19

20 JENNIFER A. HINES

21 CSR No. 6029/RPR/CRR

22